

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION  
4 - - -  
5 IN RE: NATIONAL )  
PRESCRIPTION OPIATE ) MDL No. 2804  
6 LITIGATION )  
\_\_\_\_\_ ) Case No. 1:17-MD-2804  
7 )  
THIS DOCUMENT RELATES )  
8 TO ALL CASES ) Hon. Dan A. Polster  
9 - - -

10  
11 Thursday, December 6, 2018  
12 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
CONFIDENTIALITY REVIEW  
13

14 - - -  
15 Videotaped deposition of Gilberto Quintero,  
16 held at the offices of BakerHostetler, 200 Civic  
17 Center Drive, Suite 1200, Columbus, Ohio, commencing  
18 at 7:04 a.m., on the above date, before Sara S. Clark,  
19 Registered Merit Reporter and Notary Public.  
20

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1	I N D E X		
2	- - -		
3	WITNESS		PAGE
4	GILBERTO QUINTERO		
5	Examination By Mr. Kroeger:		12
6	Examination By Mr. Gray:		249
7	- - -		
8	EXHIBIT	DESCRIPTION	PAGE
9	Cardinal-Quintero 1	2010-2012 Org Chart, P1.4591	30
10	Cardinal-Quintero 2	Declaration of Gilberto Quintero, Bates CAH_MDL_PRIORPROD_DEA12 _00000518 through 533	36
11	Cardinal-Quintero 3	2008 MOA, Bates CAH_MDL2804_02309014 through 9062	114
12	Cardinal-Quintero 4	3/11/13 e-mail from de Gutierrez-Mahoney, Bates MCKMDL00545341 through 47	121
13	Cardinal-Quintero 5	2/22/12 Government's Prehearing Statement, Bates CAH_MDL_PRIORPROD_DEA12 _00000001 through 54	127
14	Cardinal-Quintero 6	9/19/10 e-mail from Rausch, Bates CAH_MDL2804_00704499 through 504	146
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

1	EXHIBIT	DESCRIPTION	PAGE
2	Cardinal-Quintero 7	10/22/10 e-mail from Rausch, Bates	153
3		CAH_MDL2804_01103874 through 76	
4	Cardinal-Quintero 8	3/22/12 e-mail from Rausch, Bates	162
5		CAH_MDL2804_01087475 through 490	
6	Cardinal-Quintero 9	1/6/11 letter to Farley, Bates	178
7		CAH_MDL_PRIORPROD_DEA12 _00011853 through 854	
8	Cardinal-Quintero 10	Warrant for Inspection, Bates	195
9		CAH_MDL_PRIORPROD_DEA12 _00003808 through 817	
10	Cardinal-Quintero 11	11/3/11 e-mail, Bates	201
11		CAH_MDL2804_00864847 through 849	
12	Cardinal-Quintero 12	Attachment 48 to Defendants' Opposition to Plaintiff's Motion for Preliminary Injunction, P1.4050 through P1.4050.5	252
13	Cardinal-Quintero 13	21 CFR 1301.74, P1.4915	262
14	Cardinal-Quintero 14	2/15/18 Letter from Congress, P1.43 through P1.43.11	269
15	Cardinal-Quintero 15	Attachment 15 to Defendants' Opposition to Plaintiff's Motion for Preliminary Injunction, P1.4019 through P1.4019.6	297
16			
17			
18			
19			
20			
21			
22			
23			
24			

1	EXHIBIT	DESCRIPTION	PAGE
2	Cardinal-Quintero 16	Administrative	316
3		Memorandum of	
4		Agreement, P1.565	
5		through P1.565.8	
6	Cardinal-Quintero 17	Consent Order, P1.4222	322
7		through P1. 4222.12	
8		- - -	
9			
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2 P R O C E E D I N G S

3 - - -

4 VIDEOGRAPHER: Good morning. We  
5 are now on the record. My name is  
6 Darnell Brown, and I'm the videographer  
7 with Golkow Litigation Services.  
8 Today's date is December 6th, 2018, and  
9 the time is 7:04 a.m.

10 This video deposition is being  
11 held in Columbus, Ohio, in the matter of  
12 National Prescription Opioid Litigation  
13 for the United States District Court for  
14 the Northern District of Ohio. The  
15 deponent is Gilberto Quintero.

16 Counsel, please identify  
17 yourselves for the record.

18 MR. KROEGER: Rick Kroeger for  
19 Plaintiffs.

20 MS. NIGHBERT: Holly Nighbert for  
21 the Plaintiffs.

22 MS. QUEZON: Amy Quezon,  
23 Plaintiffs.

24 MR. GRAY: Mark Gray for the

1 Plaintiffs.

2 MR. WHITE: Matt White for the  
3 Plaintiffs.

4 MS. RANJAN: Brandy Ranjan from  
5 Jones Day on behalf of Walmart.

6 MS. MONAGHAN: Meghan Monaghan  
7 from Covington & Burling on behalf of  
8 McKesson.

9 MR. HIMMEL: Brian Himmel from  
10 Reed Smith for AmerisourceBergen  
11 Corporation.

12 MS. ANDERSON: Caitlin Anderson,  
13 in-house counsel at Cardinal Health.

14 MS. PETERSEN: Miranda Petersen,  
15 Williams & Connolly, Cardinal Health.

16 MS. WADHWANI: Neelum Wadhwani,  
17 Williams & Connolly, Cardinal Health.

18 MS. WICHT: Jennifer Wicht from  
19 Williams & Connolly, also for Cardinal  
20 Health.

21 VIDEOGRAPHER: Counsel on the  
22 phone?

23 MS. MUSKETT: Eileen Muskett from  
24 Fox Rothschild for Validus.

1 MR. MARTIN: Zach Martin of Fox  
2 Rothschild on behalf of Prescription  
3 Supply.

4 MR. HUNTER: Tucker Hunter from  
5 Kirkland & Ellis on behalf of Allergan  
6 Finance, LLC.

7 MR. CLARK: Miles Clark from  
8 Zuckerman Spaeder on behalf of CVS  
9 Indiana, LLC and CVS RX Services, Inc.

10 MR. FULLER: Mike Fuller on behalf  
11 of Plaintiffs.

12 MR. ADKINS: Bryan Adkins,  
13 Arnold & Porter, on behalf of the Endo  
14 and Par Defendants.

15 MS. ROSENTHAL: Amanda Rosenthal  
16 from Collinson, Daehnke, Inlow & Greco,  
17 on behalf of C&R Pharmacy.

18 VIDEOGRAPHER: Anyone else?

19 The court reporter is Sara Clark,  
20 who will now swear in the witness.

21

22

23

24

1 GILBERTO QUINTERO

2 being by me first duly sworn, as hereinafter  
3 certified, testifies and says as follows:

4 EXAMINATION

5 BY MR. KROEGER:

6 Q. Would you state your full name for  
7 the record, please.

8 A. My name is Gilberto Quintero.

9 Q. Mr. Quintero, where are you  
10 currently employed?

11 A. I'm currently employed at Cardinal  
12 Health.

13 Q. And you've been with Cardinal  
14 Health since December of 2009; is that right?

15 A. December 1st, 2009, that's  
16 correct.

17 Q. Prior to that, what did you do?

18 A. I used to work for the -- Wyeth  
19 Pharmaceutical, and -- which was acquired by  
20 Pfizer.

21 Q. And at Wyeth, what was your job?  
22 What were your duties?

23 A. I had different roles while at  
24 Wyeth. I was section leader for a period of

1 time. I also was the manager of an R&D group.  
2 I was associate director of quality control, I  
3 was director of quality operations. I was  
4 assistant vice president of quality operations,  
5 and I was vice president of technical services.

6 Q. Okay. So essentially, what were  
7 your specific duties, if you can recall?

8 A. Is manage a small group of  
9 scientists.

10 Q. Who were doing research for Wyeth?

11 A. Research for Wyeth.

12 Q. And that goes back to your sort of  
13 analytical chemistry background?

14 A. Exactly.

15 Q. And then manager of R&D with  
16 Wyeth, what were your duties there?

17 A. Is similar. Managing a group of  
18 scientists that develop analytical methods, and  
19 also were involved in product development.

20 Q. And then did you say associate  
21 director of quality control?

22 A. Yes.

23 Q. And your duties there?

24 A. I manage a laboratory that was

1 responsible for ensuring that the products that  
2 we made at the manufacturing facility were made  
3 according to the specifications that we had for  
4 the product and that we made the regulatory  
5 requirements that the government had for us.

6 Q. Okay. So just so I understand, so  
7 that would be more of the -- you were quality  
8 control for the manufacturing, the creation of  
9 some sort of a pharmaceutical product?

10 A. Right. I'm making sure the  
11 product was made right, according to the  
12 regulation and according to our specifications.

13 Q. And then after the associate  
14 director?

15 A. Yeah. I became the director of  
16 that particular manufacturing facility.

17 Q. So same duties, just a step up?

18 A. Higher, but also I have the  
19 quality assurance group, the communication  
20 group, the deviations group, the change control  
21 group.

22 Q. And then what was your next  
23 position at Wyeth?

24 A. System vice president of quality

1 operations. That was in Puerto Rico. I was  
2 sent to Puerto Rico for two years to address  
3 some regulatory compliance issues that our  
4 company had at the manufacturing site in Puerto  
5 Rico.

6 Q. So were those issues related to  
7 the -- following proper guidelines, things like  
8 that, with regard to the creation of products?

9 A. No. Making the product according  
10 to the government expectations.

11 Q. Okay. And so was that the final  
12 position at Wyeth before you joined Cardinal on  
13 December 1st?

14 A. No. I then came to the  
15 headquarters of the pharmaceutical business in  
16 Collegeville, Pennsylvania. I became the head  
17 of technical services.

18 Q. And at technical services -- head  
19 of technical services, what were your duties?

20 A. My duties was ensuring -- I mean,  
21 working with the manufacturing facility across  
22 the world, making sure that the execution of the  
23 processes were optimized, that we improved the  
24 quality of our work processes and systems.

1 Q. Processes and systems related to  
2 production of product?

3 A. Product -- products, yeah.

4 Q. At any point while you were at  
5 Wyeth, did you oversee distribution services  
6 that Wyeth had?

7 A. I managed manufacturing facility,  
8 we had a warehouse and we distributed products  
9 to our distribution centers.

10 Q. But not the same kind of  
11 distribution services that Cardinal provides?

12 A. Not like we do here, no. It went  
13 from our manufacturing facility to a  
14 distribution center.

15 Q. And your primary duties at Wyeth  
16 was to oversee how the product was made, whether  
17 it followed guidelines and manufacturing  
18 requirements?

19 A. Correct.

20 Q. And so then in December of 2009,  
21 Cardinal brought you in and they brought you  
22 straight into senior vice president of QRA,  
23 which is quality regulatory -- remind me the A.  
24 It's not affairs, it is --



1           A.     It's regulatory affairs.

2           Q.     Okay. And so your duties in that  
3 position were what?

4           A.     Was supposed to make sure that the  
5 departments that I managed comply with the  
6 regulations and expectations from the  
7 government, and that we execute according to our  
8 quality procedures.

9           Q.     And you were brought in to -- you  
10 were brought in by Cardinal to make sure that  
11 QRA was improving, correct?

12          A.     Yes.

13               MS. WICHT: Objection to the form  
14 of the question.

15               Go ahead. You can answer.

16          A.     I was brought in to make sure that  
17 we have a solid quality and regulatory program  
18 at Cardinal Health.

19          Q.     You were brought in, though, to  
20 fix QRA, right?

21               MS. WICHT: Object to the form of  
22 the question.

23          A.     I don't believe I -- you know, my  
24 understanding, I was brought in to make sure the

1 company had a robust quality and regulatory  
2 compliance program.

3 Q. And when you got there, did it  
4 have a robust quality and regulatory program?

5 A. There were some things that I  
6 wanted to improve, like my philosophy over my  
7 career is to take what is -- what we have today  
8 and try to make it better.

9 Q. And that's why Cardinal brought  
10 you in?

11 MS. WICHT: Object to the form of  
12 the question.

13 A. I mean --

14 Q. To your knowledge, that's why  
15 Cardinal brought you in?

16 MS. WICHT: Object to the form of  
17 the question.

18 A. To my knowledge, Cardinal brought  
19 me in to make sure that the company had a robust  
20 quality and regulatory compliance program.

21 Q. And the purpose of the quality  
22 regulatory compliance at Cardinal is to  
23 prevent -- to prevent diversion of their  
24 products; is that one of the primary goals?

1 MS. WICHT: Object to the form of  
2 the question.

3 A. They are -- I mean, I was  
4 responsible for different compliance programs.  
5 Repack -- our -- I was responsible for our  
6 repackaging operations, for our pharmacy  
7 services operations. I was responsible for the  
8 over-the-counter sourcing program.

9 And one of the programs that I was  
10 responsible for, too, it was the anti-diversion  
11 program.

12 Q. And aside from anyone who was  
13 above you at Cardinal, you were solely  
14 responsible for overseeing the anti-diversion  
15 and those who were working in that department,  
16 correct?

17 A. When I came --

18 MS. WICHT: Object.

19 If you could just pause for one  
20 moment before you answer, just in case I  
21 need to lodge an objection.

22 THE WITNESS: Okay, sorry.

23 MS. WICHT: No, that's fine. No  
24 problem.

1                   Object to the form of the  
2                   question.

3                   And now you can answer, if you  
4                   remember what the question was.

5                   A.     Can you repeat the question,  
6                   please?

7                   BY MR. KROEGER:

8                   Q.     Sure.   So you had at least one  
9                   person above you when you joined Cardinal,  
10                  right?

11                  A.     I had reporting to Craig Morford.

12                  Q.     Okay.   And there was no one  
13                  between you and Craig Morford who was also  
14                  responsible for the anti-diversion; is that  
15                  right?

16                  A.     Correct.

17                  Q.     And then you oversaw the  
18                  anti-diversion program in its total?

19                  A.     There were -- when I got there,  
20                  there were two people between me and the vice  
21                  president of the anti-diversion program.

22                  Q.     Who were those two people?

23                  A.     Mark Hartman was reporting  
24                  directly in to me, and then Michael reported in

1 to Mark Harman.

2 Q. By "Michael," you mean Michael  
3 Moné?

4 A. Michael Moné, yes.

5 Q. But as you said, Hartman reported  
6 to you, correct?

7 A. Correct.

8 Q. And you then reported to  
9 Mr. Morford?

10 A. And I reported in to Craig  
11 Morford, yes.

12 Q. And so I'm just trying to  
13 understand the chain of command there. There's  
14 not an equal to you; there's Mr. Hartman, who's  
15 reporting to you, Mr. Moné, who is reporting to  
16 him; is that right?

17 A. That was the chain of command,  
18 yes.

19 Q. Okay. And so then that puts you  
20 on top of the anti-diversion for Cardinal at the  
21 time you entered, correct?

22 MS. WICHT: Object to the form of  
23 the question.

24 A. That put me in charge of that

1 program, as well as other programs at Cardinal  
2 Health.

3 Q. No, I understand that Cardinal  
4 gave you many duties. But in particular, you  
5 were responsible for the anti-diversion programs  
6 at Cardinal, correct?

7 MS. WICHT: Object to the form of  
8 the question.

9 A. Myself and other folks in my  
10 management team.

11 Q. The other folks reported to you,  
12 though, correct?

13 A. Reported to me, and correct, I  
14 reported to Craig Morford.

15 Q. Okay. In that role, you had to  
16 oversee compliance with the DEA; is that right?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. I was supervising the group that  
20 was responsible for ensuring compliance with DEA  
21 regulations.

22 Q. And that group that you were  
23 supervising, you were responsible for ensuring  
24 that their decisions were within guidelines the

1     DEA had put forward; is that right?

2                     MS. WICHT:   Object to the form of  
3                     the question.

4                     A.     We were responsible -- I was  
5     responsible for making sure that we have robust  
6     processes and systems to ensure that we comply  
7     with the regulations set in -- by DEA.

8                     Q.     Okay.   But my question -- and I  
9     understand what your answer was, but the  
10    question I was asking was:   You were responsible  
11    for ensuring that those below you were complying  
12    and making decisions that were in compliance  
13    with DEA regulations?

14                    A.     My role was to supervise the  
15    group.

16                    Q.     Right.

17                             So the buck stopped with you in  
18    terms of that, aside from it going up to  
19    Mr. Morford should he disagree with decisions  
20    you made?

21                    MS. WICHT:   Object to the form of  
22                    the question.

23                    A.     The responsibility is mine, as  
24    well as my direct reports, and as well as my

1 boss, and other people in the company, too.

2 Q. Okay. And then that's true, also,  
3 for compliance with FDA regulations?

4 MS. WICHT: Object to the form of  
5 the question.

6 A. Similarly.

7 Q. And with regard to boards of  
8 pharmacy for various states --

9 MS. WICHT: Same objection.

10 Sorry.

11 BY MR. KROEGER:

12 Q. If the question isn't clear,  
13 because I know it was a half question. Let me  
14 just say it another way.

15 So your duties to supervise those  
16 who were dealing with compliance, your duty to  
17 ensure that the company was in compliance, was  
18 also with regard to regulations put forth by  
19 state boards of pharmacy, correct?

20 MS. WICHT: Object to the form of  
21 the question.

22 You can answer.

23 A. My role is to ensure that we have  
24 robust system and management control to ensure



1     that we comply with the regulations from Board  
2     of Pharmacy, as well as federal agencies.

3             Q.     So a robust system to comply -- do  
4     you want to say it one more time for me?

5             MS. WICHT:   Say his answer again?

6             MR. KROEGER:   If you don't mind.

7             A.     Repeat the question.

8             Q.     Well, it seems that you have --  
9     your job was to create a robust system to comply  
10    with -- and then you have -- you said something  
11    else.

12            A.     My role is to ensure that we have  
13    processes, systems in place to ensure that we  
14    adhere to federal and Board of Pharmacy  
15    regulations.

16            Q.     Okay.   In addition to compliance  
17    with DEA, FDA, Boards of Pharmacy regulations,  
18    did you also have a voice in trade  
19    organizations?

20            MS. WICHT:   Object to the form of  
21                    the question.

22            A.     I was not an active member of  
23    trade organizations.   I participated in several  
24    meetings, but myself, I was not on the board or

1 any -- any leadership position with trade  
2 groups.

3 Q. But in your role as senior vice  
4 president of QRA and Cardinal, did you have a  
5 voice with, for instance, the HDMA or HDA?

6 MS. WICHT: Object to the form of  
7 the question.

8 A. We participated in meetings where  
9 we provided our opinion and position as a  
10 company.

11 Q. Okay. And so within Cardinal's  
12 company position that they would present to HDA  
13 or HDMA, you had a voice in that process; is  
14 that right?

15 MS. WICHT: Object to the form of  
16 the question.

17 A. In some meetings I did.

18 Q. Okay. During your time at  
19 Cardinal, and in your role -- you're still at  
20 Cardinal, correct?

21 A. I'm still at Cardinal, yes,  
22 correct.

23 Q. And your position, you're still  
24 with QRA; is that right?

1 A. Yes.

2 Q. But your position has changed a  
3 bit, I think in title, and you've moved up,  
4 correct?

5 A. I'm the chief quality and  
6 regulatory affairs officer with the focus on  
7 manufacturing operations.

8 Q. Okay. So more back to your  
9 background that you had at Wyeth?

10 MS. WICHT: Object to the form of  
11 the question.

12 A. I have some similar  
13 responsibilities that I had at Wyeth but with a  
14 wider scope now.

15 Q. Okay. How long were you senior  
16 vice president of QRA?

17 A. Specifically to a segment or  
18 specifically to the company as a whole?

19 Q. I don't know that I know the  
20 difference. So you were brought in  
21 December 1st, 2009 as senior vice president of  
22 quality regulatory affairs, correct?

23 A. For the pharmaceutical segment.

24 Q. Okay. And the other segment is

1 the --

2 A. Medical segment.

3 Q. Okay. So that's like medical  
4 devices and the like?

5 A. Yes, correct.

6 Q. Okay. So how long were you senior  
7 vice president for QRA of pharmaceuticals?

8 A. From -- still have responsibility  
9 over some portions of the pharmaceutical  
10 segment, so I started in December 2009, I  
11 believe, until September 2015, I believe. But I  
12 still have some responsibilities in the  
13 pharmaceutical segment.

14 Q. Because that falls under the  
15 umbrella of the chief of QRA? Is that what --  
16 I'm sorry. Your title -- current title is  
17 chief --

18 A. Quality and regulatory affairs  
19 officer.

20 Q. Okay. And so you still have the  
21 pharmaceutical under you because you have all of  
22 QRA for Cardinal?

23 A. There are portions of the  
24 pharmaceutical segment quality unit that do not

1 report in to me.

2 Q. Okay. And that's as of 2015?

3 A. As of 2015 and there have been  
4 some minor changes to it after that.

5 Q. Which portion of the  
6 pharmaceutical QRA no longer reports to you?

7 A. The anti-diversion group.

8 Q. Oh. And when did that start?

9 A. That was September 2015.

10 Q. So in September of 2015, the  
11 anti-diversion portion of QRA was -- was it  
12 moved, or were you moved? How did that happen  
13 that it no longer reported to you?

14 A. I received additional  
15 responsibility over the medical segment, and  
16 that particular department was transferred  
17 directly to my boss.

18 Q. Which is Craig Morford?

19 A. Craig Morford.

20 Q. So from 2015, and is that  
21 currently still the case?

22 A. I think Todd Cameron now reports  
23 in to Jessica Mayer.

24 Q. Todd Cameron reports in to who?

1 I'm sorry.

2 A. Jessica Mayer.

3 - - -

4 (Cardinal-Quintero Exhibit 1 marked.)

5 - - -

6 BY MR. KROEGER:

7 Q. Okay. So from 2009 to '15 -- I'm  
8 going to hand you 4591.

9 If you could just take a look at  
10 that for me. So obviously 2009 is when you  
11 started, December 1st, but there's only a month  
12 of 2009 and then we get to 2010.

13 So from the beginning of 2010  
14 until 2012, does this accurately reflect the  
15 chain of command for QRA?

16 A. I never --

17 MS. WICHT: Can I just pause?

18 I just want to ask a clarifying  
19 question. Is this a document that was  
20 produced, or is this something -- like a  
21 demonstrative that plaintiffs created?

22 MR. KROEGER: To my knowledge,  
23 it's something that we've created,  
24 but...

1 MS. WICHT: Okay. I just wanted  
2 to clarify which was the case. Okay.

3 A. I don't believe it is 100 percent  
4 correct. I never interacted with Gary Dolch,  
5 so...

6 Q. Okay.

7 A. I know that he was in the company  
8 before me, but I don't know who he is.

9 Q. He may not have --

10 A. I've never met him.

11 Also, lacking from this  
12 organizational chart is Mark Hartman that was  
13 with me for a portion of 2010.

14 Q. And as we said earlier, Mark  
15 Hartman reported to you, correct?

16 A. Yes.

17 Q. So generally speaking, aside from  
18 Gary Dolch, your not being familiar with him  
19 having worked with you or for you, and missing  
20 Mark Hartman, this is accurate?

21 A. No, because Michael Moné and Steve  
22 Reardon, during that period of time, reported in  
23 to Mark Hartman.

24 Q. I see. Okay.

1                   And then from 2010 -- I'm sorry,  
2   2012 to '15, who reported to you; do you recall?  
3   It's not on that.

4                   A.     Okay. I have recollection. I  
5   have many people reporting to me, including  
6   Michael Moné, Steve Reardon.

7                   What was the period of time again?

8                   Q.     '12 to '15.

9                   A.     Kathy Kwarcinski was reporting in  
10  to me at one point.

11                  Q.     Are these direct reports?

12                  A.     Yeah, direct reports.

13                         I have, from what I remember,  
14  between five and seven direct reports, but I  
15  will have to review the organizational chart  
16  from that period of time to be able to tell you  
17  exactly how many people reported in to me.

18                  Q.     Michael Moné, though, was a direct  
19  report of yours from when you started until  
20  2015; is that fair?

21                  A.     Not from when I started.

22                  Q.     Not from when you started?

23                  A.     No.

24                  Q.     Because he reported to



1 Mr. Hartman, who reported to you?

2 A. Correct.

3 Q. And then Mr. Hartman left in 2010,  
4 sometime in 2010, he left Cardinal; is that  
5 right?

6 A. I believe that he left sometime in  
7 2010 or early 2011. I don't recall the exact  
8 date.

9 Q. And once he left, is that when  
10 Mr. Moné became a direct report to you?

11 A. Correct.

12 Q. During your time at Cardinal, I  
13 think you've made a declaration in the past that  
14 millions have been devoted to anti-diversion; is  
15 that true?

16 MS. WICHT: Object to the form of  
17 the question.

18 A. We have invested millions of  
19 dollars in creating a program that is effective  
20 against the prevention of diversion of drugs.

21 Q. How many millions would you  
22 estimate?

23 A. I will say with certainty, more  
24 than \$25 million, but I don't recall the exact

1 amount.

2 Q. And that's over the course of the  
3 time you've been with Cardinal?

4 A. That is over the time that I was  
5 at Cardinal. Probably some of this investment  
6 was before I got there, too.

7 Q. So that's not a yearly \$25 million  
8 investment, that's a sum total from possibly  
9 right before you got there until now?

10 A. And when --

11 MS. WICHT: Object to the form of  
12 the question. Mischaracterizes prior  
13 testimony.

14 A. When I was talking about  
15 investment, I thought you were asking me about  
16 capital investment. We continuously invest. We  
17 have a program with people that we pay on an  
18 annual basis, and those investments are ongoing.

19 Q. And how much over those same  
20 number of years would you imagine or do you know  
21 Cardinal has invested in sales?

22 MS. WICHT: Object to the form of  
23 the question.

24 A. I wouldn't know that because I'm

1 not part of the sales group.

2 Q. So you have no idea how many  
3 millions Cardinal may have invested over those  
4 same years?

5 MS. WICHT: Object to the form of  
6 the question.

7 A. I don't know the answer to that  
8 question.

9 Q. And can you explain the purpose of  
10 anti-diversion? I think we've kind of touched  
11 on it, but specifically, what is the purpose of  
12 having an anti-diversion program at Cardinal?

13 A. The purpose is to make sure that  
14 we comply with the element of the Controlled  
15 Substances Act, that we have effective controls  
16 against diversion, that we identify and report  
17 suspicious orders to the government.

18 Q. Okay.

19 A. Plus --

20 Q. Go ahead. Sorry. I didn't want  
21 to cut out off.

22 A. That's basically the foundation of  
23 our responsibility of the anti-diversion  
24 process.

1 - - -

2 (Cardinal-Quintero Exhibit 2 marked.)

3 - - -

4 BY MR. KROEGER:

5 Q. I'm going to hand you what's been  
6 marked as Exhibit 2. And since this is the  
7 first exhibit I'm handing you with multiple  
8 pages, I want to explain a little bit about how  
9 we're trying to keep track of page numbers, just  
10 to avoid confusion.

11 If you notice at the top right  
12 corner of the document that you have, there's a  
13 P1 number.

14 A. Uh-huh.

15 Q. P1.4091.

16 A. Yes.

17 Q. If you turn to the second page  
18 you'll notice there's now 4091.2.

19 A. Uh-huh.

20 Q. So throughout the day, any  
21 exhibits that we use, we're going to be  
22 referring to the page numbers at the top because  
23 some of these documents may have disjointed page  
24 numbers, other issues. This is just a way to

1 keep track.

2 A. Okay.

3 Q. So if I ask you to go to Page 2,  
4 which I am, you'll go to that top right corner.

5 So if you'll go to Page 2 of  
6 Exhibit 2, and I want to draw your attention to  
7 Paragraph 4.

8 A. Uh-huh.

9 Q. So your responsibilities, if you  
10 could -- in this role, do you see that sentence  
11 in Paragraph 4?

12 A. Yes, I do.

13 Q. Could you read that, please.

14 A. "I have held the current position,  
15 senior vice president of quality and regulatory  
16 affairs, since I joined Cardinal Health in  
17 December of 2009. In this role, I am  
18 responsible for overseeing all the quality and  
19 compliance programs within the company's  
20 pharmaceutical segment."

21 Q. Okay. So it's all quality and  
22 compliance programs within the pharmaceutical  
23 segment that you're overseeing, correct?

24 A. Correct.

1 Q. And if we can go down to Paragraph  
2 5, the second sentence in Paragraph 5, if you  
3 could read that.

4 A. "We have invested millions of  
5 dollars in people and technology to support our  
6 anti-diversion programs."

7 Q. Continue, please.

8 A. "To the best of my knowledge, the  
9 company has not distributed controlled  
10 substances to any customer that it believed  
11 would divert those drugs into other than  
12 legitimate medical channels."

13 Q. So since 2009 -- and I know this  
14 statement that you're looking at actually was  
15 from April of 2012. So it's not necessarily  
16 current, but you still stand by that statement?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. I stand by the statement that we  
20 have a program in place that provides effective  
21 controls against diversion.

22 Q. So since 2012, you're backing off  
23 of your statement that you don't believe  
24 Cardinal has distributed controlled substances

1 to any customer that it believed would divert  
2 those drugs into other than legitimate medical  
3 channels?

4 A. We have never --

5 MS. WICHT: Object to the form of  
6 the question. Mischaracterize.

7 A. To the best of my knowledge, we  
8 have never distributed drug products other than  
9 for legitimate medical purposes.

10 Q. But it sounds like you've backed  
11 off from this statement a bit since 2012.

12 MS. WICHT: Object to the form of  
13 the question.

14 A. I don't believe so.

15 Q. Okay. So --

16 A. It's consistent with what I'm  
17 saying.

18 Q. All right. Just let me -- to be  
19 clear, then, as you sit here today, 2018, you  
20 believe that, to the best of your knowledge, the  
21 company, Cardinal Health, has not distributed  
22 controlled substances to any customer that it  
23 believed would divert those drugs into other  
24 than legitimate medical channels?

1           A.     I believe so.

2           Q.     Okay. In order to get there, to  
3     come to that belief, you've had to supervise and  
4     oversee the anti-diversion program.

5                     How many employees did you have in  
6     the anti-diversion program over the -- when you  
7     started and until you left?

8           A.     I do not recall the exact count,  
9     but I can tell you some of the numbers. In  
10    people that were reporting directly into Michael  
11    Moné's group, we had between 16 and 22,  
12    somewhere in that range. And people that  
13    reported in to Steve Reardon, we had anywhere  
14    from 20 to 30 employees. Those numbers may have  
15    changed over time as we were, you know, either  
16    adding resources for investigations.

17                    We also brought in companies from  
18    the outside to help us with several of the  
19    elements of the anti-diversion program.

20           Q.     So 16 to 22 people from Michael  
21    Moné?

22           A.     In that range.

23           Q.     And what specifically was he  
24    tasked with within anti-diversion?



1           A.     He was tasked with -- this program  
2     has several elements. He has a -- part of his  
3     program was our Know Your Customer program.  
4     Part of his program was the monitoring of  
5     orders. Part of his program was making  
6     decisions of which customers to continue selling  
7     drug product and which customers we should  
8     terminate because they had the potential to pose  
9     a risk for diversion of drug product.

10           Q.     Okay. And so with regard to  
11     Michael Moné's responsibility for the Know Your  
12     Customer portion of anti-diversion, he reported  
13     to you with regard to that, correct?

14           A.     All his responsibility, you know,  
15     he reported in to me. I was his supervisor.

16           Q.     Okay. And I just want to make  
17     sure, though. I want to be clear that there  
18     wasn't a part of this, there's not -- the Know  
19     Your Customer or the order monitoring or the  
20     customer decisions in terms of termination or  
21     continuing, none of those were reported to  
22     someone besides you, correct?

23           A.     He reported directly in to me.

24           Q.     On all of those issues?

1           A.     On the activities of his  
2     department.

3           Q.     And so you had oversight and had  
4     to determine whether or not he was doing those  
5     things properly?

6                     MS. WICHT: Object to the form of  
7             the question.

8           A.     My job was to, you know, supervise  
9     him and assess his performance.

10          Q.     And to make sure that he was doing  
11     his job well?

12                     MS. WICHT: Object to the form of  
13             the question.

14          A.     Correct.

15          Q.     And to make sure that he was doing  
16     his job correctly?

17                     MS. WICHT: Object to the form of  
18             the question.

19          A.     To supervise activities that he  
20     was performing, yes.

21          Q.     And you mentioned briefly earlier  
22     about complying with DEA regulations and the  
23     like, correct?

24                     MS. WICHT: Object to the form of

1 the question.

2 Q. You mentioned it? That's the  
3 question right now.

4 A. One of his roles was to make sure  
5 that we, you know, met the regulations.

6 Q. And so one of your roles as his  
7 supervisor was to ensure that his decisions were  
8 in line with those regulations?

9 MS. WICHT: Object to the form of  
10 the question.

11 A. My role as his supervisor was to  
12 supervise his activities and determine whether  
13 or not he was doing an adequate job or he needed  
14 some guidance from me.

15 Q. Okay. And the question, though,  
16 is a slightly different one than what you're  
17 answering. So as you're supervising him and his  
18 duties and deciding whether or not he was doing  
19 well or needed additional guidance from you,  
20 part of that supervision was to ensure that his  
21 actions and decisions were in line with DEA  
22 regulations?

23 A. To supervise --

24 MS. WICHT: Object to the form of

1 the question. Sorry.

2 A. It was to supervise him and ensure  
3 that he was executing according to my  
4 expectations and that we were executing  
5 according to the regulations.

6 Q. Okay. So it was -- the  
7 regulations was part of your consideration with  
8 determining whether or not he was executing  
9 things properly?

10 A. It was one of the factors, yes.

11 Q. You certainly wouldn't have wanted  
12 him to make decisions outside of the  
13 regulations?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. No.

17 Q. And then with Mr. Reardon, what  
18 were his responsibilities?

19 A. His responsibility was to manage  
20 and supervise the compliance personnel that we  
21 had at our distribution centers.

22 Q. And the compliance personnel, was  
23 that -- were those the individuals -- there was  
24 maybe one at each distribution center?

1           A.     In general, we have one person at  
2     each distribution center.

3           Q.     And Mr. Reardon supervised those  
4     27 individuals?

5           A.     Well, he supervised people that  
6     supervised those individuals. He also managed  
7     the -- some of the training activities that we  
8     had, and he also managed our document management  
9     system.

10          Q.     "Document management system,"  
11     meaning what?

12          A.     The system that we use to publish  
13     standard operating procedures.

14          Q.     I'm sorry. I didn't understand.  
15     To --

16          A.     To manage and distribute standard  
17     operating procedures.

18          Q.     Okay. Any other duties with  
19     regard to anti-diversion for Mr. Reardon at that  
20     time?

21          A.     He managed -- he was responsible  
22     for ensuring that we had the proper controls in  
23     place at the distribution center to make sure  
24     that we don't have internal diversion of product

1 and that our carriers were complying with our  
2 expectation in terms of delivering products to  
3 our customers.

4 Q. So then is it fair to say that  
5 between Mr. Moné and Mr. Reardon, they both had  
6 certain oversight with regard to distribution  
7 centers?

8 MS. WICHT: Object to the form of  
9 the question.

10 A. Mr. Moné was responsible for the  
11 anti-diversion program, mainly dealing with our  
12 customers, and Mr. Reardon had responsibilities  
13 for our internal controls that we had at the  
14 distribution center to ensure that we did not  
15 have internal diversion of product.

16 Q. Okay. So Mr. Reardon -- the  
17 diversion that Mr. Reardon was most concerned  
18 with, then, was internal diversion, so if an  
19 employee might steal drugs or lose drugs or  
20 something to that effect? Is that an accurate  
21 description?

22 A. He had those responsibilities, but  
23 he also had responsibility for making sure if  
24 employees at the distribution center saw an

1 order that, for them, was of unusual size, that  
2 they could raise the hand and notify Michael  
3 Moné's group for an investigation.

4 Q. Okay. So a picker or a checker,  
5 are those the people you're talking about?

6 A. Picker or checker.

7 Q. So if a picker or checker sees an  
8 order that seems too large to them, they then  
9 report to Mr. Reardon, we have an order that's  
10 suspicious because it's just too big,  
11 Mr. Reardon then tells Mr. Moné?

12 MS. WICHT: Object to the form of  
13 the question.

14 A. Essentially, it's a little bit  
15 different than that. It's if a picker or a  
16 checker determined the order was unusual, it  
17 goes through their supervisor. Supervisor  
18 communicates to the compliance officer, which  
19 then has some communications with personnel in  
20 the anti-diversion group.

21 Q. Which personnel in the  
22 anti-diversion group?

23 A. Could be a pharmacist in the  
24 anti-diversion group. I don't recall exactly

1     what was the chain of communication, but it was  
2     somebody in the anti-diversion group.

3             Q.     And whichever somebody that may  
4     have been in the anti-diversion group, that was  
5     someone whose decisions you were also  
6     responsible for, correct?

7             MS. WICHT: Object to the form of  
8     the question.

9             A.     I was responsible for supervising  
10    Michael Moné's team.

11            Q.     And those anti-diversion personnel  
12    you were talking about are on Michael Moné's  
13    team, correct?

14            A.     That's correct.

15            Q.     So decisions that they made,  
16    Michael Moné was responsible for ensuring that  
17    they were proper, correct?

18            MS. WICHT: Object to the form of  
19    the question.

20            A.     He was responsible for supervising  
21    people in his group.

22            Q.     And within his responsibilities  
23    for supervising people within his group, that  
24    included ensuring that they made proper, lawful



1 decisions?

2 MS. WICHT: Object to the form of  
3 the question.

4 A. That they made decisions with --  
5 in the spirit of complying with our own internal  
6 expectations and with the regulatory  
7 requirements.

8 Q. Okay. You added a bit of a caveat  
9 there. So you said "in the spirit of  
10 complying." Was that in the spirit of complying  
11 with Cardinal's internal, or in the spirit of  
12 complying with Cardinal's internal policies and  
13 in the spirit of complying with the law?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. With the intent of complying with  
17 both.

18 Q. Completely?

19 MS. WICHT: Object.

20 A. Our intent to comply with  
21 regulations.

22 Q. Completely?

23 MS. WICHT: Object to the form of  
24 the question.

1           A.     It's our intent always to comply  
2     with regulations.

3           Q.     Okay. The only reason I'm asking  
4     this in this way is because you said "in the  
5     spirit of complying" to start this answer. And  
6     so I want to ensure that I know whether or not  
7     the job was to comply with regulations and laws  
8     and policies partially because it's in the  
9     spirit of it or completely because it simply has  
10    to be followed?

11           MS. WICHT: Object to the form of  
12           the question.

13           A.     Maybe because English is my second  
14     language, but it's with the intent of complying  
15     with the regulations.

16           Q.     Completely? With your -- it's the  
17     intent to comply with the regulations  
18     completely?

19           MS. WICHT: Object to the form of  
20           the question.

21           A.     Our intent is always to comply  
22     with the regulations.

23           Q.     And why is it that you won't say  
24     your intent is to comply with the regulations

1 completely?

2 MS. WICHT: Object to the form of  
3 the question.

4 A. Because our intent, that's  
5 implied. If our intent is to comply with the  
6 regulations, it means the same thing that you're  
7 saying.

8 Q. And that's why I was asking,  
9 because I wanted to make sure that it does. So  
10 I was choosing that word carefully, I wanted to  
11 make sure.

12 So the intent is to comply with  
13 regulations completely?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. Our intent is to always comply  
17 with federal regulatory requirements.

18 Q. Okay. So you just -- okay.

19 Was there also a group of  
20 executives who met and regularly looked at  
21 anti-diversion?

22 MS. WICHT: Object to the form of  
23 the question.

24 A. We provided updates to my boss and

1 other members of the leadership team.

2 Q. And is that the name of that  
3 group, was the leadership team?

4 A. That's the way that I call it. I  
5 don't think that there was a specific name.

6 Q. And you said "we provided that  
7 information." Who's the "we"?

8 A. Michael Moné, myself, Bob  
9 Giacalone, which was -- he is our senior  
10 regulatory counsel, and we provided updates on  
11 our program to Craig Morford and to Mike  
12 Kaufmann at that time.

13 Q. Within -- I'm trying to figure out  
14 who's where. So were there -- it sounds like  
15 Mr. Reardon's compliance personnel that reported  
16 to him, they were generally located at the  
17 distribution centers; is that accurate?

18 A. We have many of them that are --  
19 were in distribution centers. Others were  
20 regional directors that managed those folks.  
21 They worked from home or from one of the DCs.  
22 And we had a few individuals that worked in our  
23 Dublin headquarters.

24 Q. Did they work in the Dublin

1     headquarters because they had a particular need  
2     to be in Dublin for executive reasons, or it  
3     just happened that that's where they worked?

4             A.     It could be because they were  
5     managing the document management system, which  
6     for standard operating procedures, and we did  
7     that out of our headquarters. It could be  
8     because they were managing a region that were  
9     near the headquarters.

10            Q.     Okay. And then with Mr. Moné's  
11     group, you said 16 to 22 people who would  
12     oversee Know Your Customer policies, also  
13     oversee order monitoring, and decide on  
14     customers to terminate or keep, were those  
15     people centered in Dublin?

16            A.     We have a large portion of those  
17     people in Dublin, but we also have some people  
18     sitting at distribution centers. I'm trying to  
19     recall.

20                    To the best of my knowledge, most  
21     of them were either in Dublin, distribution  
22     centers, or there were field investigators that  
23     worked out of their home.

24            Q.     Sure.

1                   Because the field investigators  
2   had to actually go to various places, so there  
3   was no need for them to be in Dublin?

4                   A.     Correct.

5                   Q.     But the other part of Mr. Moné's  
6   team that you oversaw was centered in Dublin,  
7   sort of an executive group who decided on -- who  
8   monitored and made decisions about orders,  
9   monitored and made decisions about customers?

10                  MS. WICHT: Object to the form of  
11                  the question.

12                  A.     The day-to-day decisions on  
13   threshold events and shipping orders was not  
14   done by the executive team. It was done by  
15   either analysts and pharmacists that their job  
16   was to evaluate threshold events and make  
17   decisions on suspicious orders.

18                  Q.     And those evaluations and  
19   decisions on suspicious orders ultimately were  
20   the responsibility of Mr. Moné, as well,  
21   correct, in that he was overseeing those people?

22                  A.     He oversaw the people that made  
23   those decisions.

24                  Q.     Because of that, he took -- had to

1 have responsibility for how those decisions were  
2 made?

3 MS. WICHT: Object to the form of  
4 the question.

5 A. He had responsibility for  
6 supervising, managing, and developing procedures  
7 to execute those decisions.

8 Q. And ensuring that those decisions  
9 were made in compliance with Cardinal rules and  
10 laws?

11 MS. WICHT: Object to the form of  
12 the question.

13 A. Can you repeat the question again?

14 Q. In supervising those and  
15 overseeing those decisions, he had to also  
16 ensure that those decisions were made in  
17 compliance with Cardinal rules, as well as laws?

18 A. In supervising that group, he was  
19 responsible for having processes in place to  
20 make sure that his people were following our own  
21 internal procedures, as well as meeting  
22 regulatory requirements.

23 Q. And as Mr. Moné's supervisor, you  
24 were also then, in turn, responsible for those

1 decisions and ensuring that they were in  
2 compliance with Cardinal rules, as well as laws,  
3 correct?

4 MS. WICHT: Object to the form of  
5 the question.

6 A. As Michael Moné's supervisor, my  
7 responsibility is that Michael had the proper  
8 program to execute our anti-diversion program,  
9 to ensure that we meet the regulations, and also  
10 meet our own internal procedures.

11 Q. With regard to those internal  
12 procedures, were there -- you had a number of  
13 different standard operating procedures within  
14 Cardinal, correct?

15 A. We have hundreds of standard  
16 operating procedures within Cardinal.

17 Q. And some of those -- let's focus  
18 on the anti-diversion standard operating  
19 procedures. There would be one for how  
20 distribution centers are supposed to monitor  
21 orders, right?

22 A. I'm assuming so. I don't recall  
23 all of the procedures that we had.

24 Q. To your knowledge, though, the



1 standard operating procedures, the very reason  
2 that they're called that is because they apply  
3 company-wide, correct?

4 A. They applied to more than one  
5 facility.

6 Q. So the distribution centers would  
7 be acting under the same standard operating  
8 procedures?

9 A. In most cases.

10 Q. What cases would they not?

11 A. Well, if they do something  
12 different. If they don't -- I mean, they have a  
13 different -- for example, if a distribution  
14 center doesn't have a vault and doesn't  
15 distribute C2 substances, so that would not be  
16 applicable to those.

17 Q. But then all distribution centers  
18 that have a vault and do distribute C2  
19 substances -- and for the record, controlled  
20 substance Schedule II -- those would all have  
21 the same operating procedure with regard to how  
22 they handle those drugs?

23 A. In the same business units, yes.

24 Q. Same business units?

1 A. Yeah.

2 Q. Meaning what?

3 A. Well, we had other business units  
4 that we acquired over time. We had bought a  
5 distribution business in China, so they may have  
6 different operating procedures according to  
7 their regulations in China.

8 Q. Sure.

9 Kind of like the Puerto Rico  
10 distribution center and some of the issues there  
11 were different than the United States --

12 A. Yep. Puerto Rico had some  
13 different requirements based on local laws.

14 Q. But within the United States,  
15 within the -- there were 27 distribution centers  
16 in the United States?

17 A. I don't recall the exact number.  
18 I know that it's somewhere between 20 and 30,  
19 but it's possible it's 27. I don't recall.

20 Q. And to your knowledge, they -- if  
21 they had a vault, if they were distributing  
22 controlled substances -- Schedule II controlled  
23 substances, they would be following the same  
24 standard operating procedures as to those?

1           A.     Only if it was noted in a  
2     procedure that somebody else had a different  
3     procedure.

4           Q.     Unless a distribution center said  
5     they had their own procedure, they followed the  
6     standard procedure?

7           A.     No. There may be specific reasons  
8     why -- like I use the example of China, the  
9     example of Puerto Rico.

10          Q.     Sure. But I want to stick with  
11     just the United States-based distribution  
12     centers. I understand that there may be other  
13     distribution centers across the world that have  
14     different rules for a variety of reasons. I'm  
15     focused solely on, and my question is only  
16     about, the distribution centers in the United  
17     States.

18          A.     Including Puerto Rico? Because  
19     Puerto Rico is part of the United States.

20          Q.     It is. It is. And I certainly  
21     don't intend to say that it's not. But because  
22     of local laws and local policies in Puerto Rico,  
23     I want to exclude that from this particular  
24     question. Okay?

1           A.     Okay.

2           Q.     Okay.  So the question, then, is:

3     Within -- and we can just say The Continental  
4     United States, I think, to really capture it as  
5     well as I need to -- within The Continental  
6     United States, the distribution centers all  
7     acted under the same standard operating  
8     procedures as one another?

9           A.     The pharmaceutical distribution  
10    centers operate under similar procedure -- under  
11    the same procedures.

12          Q.     So, for instance, the facility --  
13    the distribution center in Auburn, Washington,  
14    has the same standard operating procedures as to  
15    pharmaceuticals as the distribution center in  
16    Wheeling, West Virginia?

17          A.     To the best of my knowledge,  
18    that's the case.

19          Q.     And you were supervising those  
20    distribution centers in your role as senior vice  
21    president of QRA?

22                   MS. WICHT:  Object to the form of  
23                   the question.

24          A.     They were -- those distribution

1 centers, the compliance officers reported in  
2 to -- through the chain of command through -- in  
3 to somebody that reported in to me.

4 Q. So it ultimately came to you,  
5 those decisions and compliance with those  
6 procedures?

7 MS. WICHT: Object to the form of  
8 the question.

9 A. It is part of my role to ensure  
10 that our company complies with our standard  
11 operating procedures and the regulations.

12 Q. Okay. And so just like Auburn  
13 distribution center and Wheeling distribution  
14 center have the same standard operating  
15 procedure with regard to pharmaceuticals,  
16 Wheeling distribution center and Lakeland have  
17 the same standard operating procedures?

18 A. To the best of my knowledge, they  
19 have the same standard operating procedures.

20 Q. And that's been true from the day  
21 you started December 1st, 2009 until today, to  
22 your knowledge?

23 A. To the best of my knowledge,  
24 that's the case.

1 MR. KROEGER: How long have we  
2 been going?

3 VIDEOGRAPHER: 51 minutes.

4 MR. KROEGER: I don't know if now  
5 is a good time. I know you have a  
6 scheduled flight. That was the other  
7 thing we weren't sure about this  
8 morning. We were trying to remember.  
9 You need to be out of here by when to  
10 catch your flight?

11 MS. WICHT: I would say probably  
12 4:30, if that's workable, but we're  
13 happy to talk with you about it  
14 throughout the day.

15 MR. KROEGER: Okay. All right.  
16 Why don't we go off the record and take  
17 a break.

18 MS. WICHT: Sure. Thank you.

19 VIDEOGRAPHER: Time is now 7:56.  
20 Going off the record.

21 (Recess taken.)

22 VIDEOGRAPHER: Time is now 8:14.  
23 Back on the record.  
24

1 BY MR. KROEGER:

2 Q. Mr. Quintero, I wanted to go back  
3 to a couple things that you said. You mentioned  
4 the \$25 million in capital investments over your  
5 time at Cardinal.

6 A. I believe so.

7 Q. So that was 25 million in capital,  
8 and that was since -- December of 2009, maybe  
9 2010?

10 A. I think that was --

11 MS. WICHT: Object to the form of  
12 the question.

13 A. I believe that some of those  
14 investments were made before I got into Cardinal  
15 Health, but I cannot tell you the exact time of  
16 that.

17 Q. So, then, at least, like, 10,  
18 maybe 11 or 12 years, that that \$25 million  
19 capital investment has been spent?

20 MS. WICHT: Object to the form of  
21 the question. Mischaracterizes his  
22 prior testimony.

23 A. I cannot tell you the exact  
24 amount. Sorry.

1           Q.     But you did say, though, that it  
2     went -- precedes your time starting there, so  
3     it -- you can say that it's at least the time  
4     that you've been there that 25 million capital  
5     investment has been spent?

6                     MS. WICHT:   Object to the form of  
7             the question.

8           Q.     That's your testimony so far?

9           A.     From the time that I've been  
10    there, I believe -- I don't recall the exact  
11    amount, but I recall that we have invested  
12    significant amount of money in our  
13    anti-diversion program.

14          Q.     Earlier in your testimony, though,  
15    was that it was around 25 million; that was the  
16    number that you said, correct?

17                     MS. WICHT:   Object to the form of  
18             the question.   Mischaracterizes.

19          A.     To the best of my knowledge,  
20    around \$25 million have been invested in capital  
21    as part of our anti-diversion program.   I cannot  
22    tell you the beginning or the end date of that.

23          Q.     Okay.   And so can you explain to  
24    the jury what that capital investment of



1     \$25 million was.

2                     MS. WICHT: Object to the form of  
3             the question.

4             A. We have invested in an electronic  
5     monitoring system. We invested in an  
6     anti-diversion centralization system. We have  
7     invested in analytical tools to evaluate  
8     customers. We have invested in software. We  
9     have invested in physical security at our  
10    distribution centers.

11            Q. When you say "physical security,"  
12    are you talking about the cages and vaults?

13            A. Cages, vaults, cameras. Reports  
14    that we generate for the distribution personnel.

15            Q. When you talked about the  
16    electronic monitoring system, what is that?

17            A. The electronic monitoring system  
18    that we use to monitor orders.

19            Q. So software?

20            A. It is software. It is -- they use  
21    codes.

22            Q. Algorithms?

23            A. Algorithms.

24            Q. And is that something you got

1 through Deloitte, for instance?

2 MS. WICHT: Object to the form of  
3 the question.

4 A. I don't recall who was the person  
5 who developed the electronic monitoring system.

6 Q. Was Deloitte a company that you  
7 believed that \$25 million -- part of that \$25  
8 million capital investment would have gone to?

9 MS. WICHT: Object to the form of  
10 the question.

11 A. We have used Deloitte in parts of  
12 our anti-diversion program.

13 Q. Which parts?

14 A. The parts that I can talk to is  
15 the part where I used them. I used them for  
16 project management on some improvements that we  
17 wanted to our anti-diversion program.

18 Q. And how much do you think that  
19 Cardinal spent on Deloitte's services?

20 A. I don't recall.

21 Q. Do you have a ballpark that you --

22 MS. WICHT: Object to the form of  
23 the question.

24 A. I don't recall.

1           Q.     Have you ever had to send those  
2     numbers to anyone else in Cardinal?

3                     MS. WICHT:   Object to the form of  
4     the question.

5           A.     Trying to recollect, but I don't  
6     recall.

7           Q.     Ever send the numbers or  
8     expenditures for Deloitte to Mike Kaufmann, for  
9     instance?

10          A.     It's possible, but I don't  
11     recollect.

12          Q.     You sent -- you did send  
13     expenditures to Mike Kaufmann, though, over your  
14     time there, didn't you?

15                     MS. WICHT:   Object to the form of  
16     the question.

17          A.     My expenditures were approved by  
18     my boss, Craig Morford, not by Mike Kaufmann.

19          Q.     Did you ever have an opportunity  
20     to send reports of any sort to Mike Kaufmann?

21                     MS. WICHT:   Object to the form of  
22     the question.

23          A.     What kind of reports are you  
24     talking here?

1           Q.     Any. I don't -- I -- I'm trying  
2     to learn more about the inner workings of  
3     Cardinal so I understand how things function and  
4     don't. So to that extent I don't know what kind  
5     of reports.

6                     Let me say it this way: You  
7     said -- in a declaration you mentioned at some  
8     point that you had a dotted line connection  
9     to -- or dotted line reporting, dotted line  
10    relationship to Mike Kaufmann.

11           A.     I don't believe I said that today.

12           Q.     Not today, no, no, no. I think it  
13    was a dec -- the declaration that you have in  
14    front of you. I can find it. But do you think  
15    that you've never had a dotted line  
16    relationship --

17           A.     I --

18                     MS. WICHT: Go ahead. Sorry. I  
19    was looking at the document. Maybe you  
20    can repeat the question so we know what  
21    it is.

22           Q.     Currently, are you saying that  
23    you've never previously had a dotted line  
24    relationship to Mike Kaufmann?

1           A.     I don't believe I said that.

2           Q.     Okay. So you have had a dotted  
3 line relationship to Mike Kaufmann?

4           A.     I had a dotted line to Mike  
5 Kaufmann.

6           Q.     And what does that mean?

7           A.     That I was supposed to give him  
8 updates on our quality programs and provide him  
9 advice on quality and regulatory compliance to  
10 him.

11          Q.     And was he the chief financial  
12 officer at the time you had that dotted line  
13 connection?

14          A.     No.

15          Q.     What was his position when you had  
16 that?

17          A.     He was the chief executive officer  
18 of the pharmaceutical segment. I have never  
19 reported to anybody in the finance organization.

20          Q.     Aside from what you mentioned  
21 already about Deloitte sometimes helping you  
22 with presentations and the like -- is that what  
23 you said?

24          A.     I didn't say "presentations." I

1     said "project management."

2                   Q.     Project management.

3                             What else did Deloitte do for

4     Cardinal?

5                   MS. WICHT:   Object to the form of

6                             the question.

7                   A.     During the time that I was there,  
8     their primary role was project management.  They  
9     also provided, you know, labor that could help  
10    us, either do calculations or evaluate certain  
11    things.

12                  Q.     Do you recall which projects  
13    Deloitte worked on?

14                  A.     Not all.  I recall they worked for  
15    me in some of the improvements that I wanted to  
16    make on the anti-diversion program.

17                  Q.     Okay.  So within the  
18    anti-diversion program, what were the projects  
19    they worked on for you?

20                  A.     We were working on developing a  
21    threshold methodology using additional  
22    information that we had collected.

23                  Q.     Can you explain that to me?  I  
24    don't -- what is the threshold methodology you

1 and Deloitte were able to come up with? What  
2 was it?

3           A.       Well, I don't think Deloitte came  
4   up with. I mean, we provided the information --  
5   some of the information to Deloitte and they  
6   helped us develop some of the principles of our  
7   threshold methodology.

8 Q. Which principles?

A horizontal bar chart titled "Percentage of respondents who believe the U.S. should take action to reduce greenhouse gas emissions." The chart displays data for two demographic groups: "All respondents" and "U.S. adults", each further divided into "High school or less" and "College or more" education levels. The x-axis represents the percentage, ranging from 0 to 100. The y-axis lists the demographic categories. The bars are color-coded: blue for "All respondents", orange for "U.S. adults", and green for "College or more" education levels. The data shows that a majority of respondents in all categories believe the U.S. should take action to reduce greenhouse gas emissions, with the highest percentages generally found in the "College or more" education group.

Group	Education Level	Percentage
All respondents	High school or less	78%
	College or more	85%
U.S. adults	High school or less	75%
	College or more	82%

[illegible]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16           A.     The primary role of Deloitte was,  
17     you know, project management and they provided  
18     additional resources as we required them. But  
19     they work under our direction.

20           Q.     What other projects do they work  
21     on?

22           A.     Projects on different aspects of  
23     our anti-diversion program, but if you ask me  
24     the details at this point in time, I don't

1 recall all of the products that they worked. I  
2 can tell you --

3 Q. Can you tell me the ones you do?

4 A. The one that are most significant  
5 to me was our project of establishing a new  
6 threshold methodology.

7 Q. And when was that new threshold  
8 methodology?

9 A. It was a process that probably  
10 started in -- sometime in 2012, but I don't  
11 remember the exact date.

12 Q. And when did that project get  
13 completed?

14 A. We're continuously looking at how  
15 to improve our system, so I cannot tell you  
16 after my departure in 2015 if other changes were  
17 made.

18 Q. So at the time you shifted anti --  
19 at the time that anti-diversion was no longer  
20 under you in 2015, was Deloitte still assisting  
21 with the threshold methodologies?

22 A. I don't believe so.

23 Q. Any other projects you recall  
24 Deloitte working on?

1 A. Not that I recall.

2 Q. Who did your algorithms?

3 MS. WICHT: Object to the form of  
4 the question.

5 A. Can you elaborate on that?

6 Q. You talked about algorithms  
7 briefly. Did you come up with the algorithms  
8 yourself?

9 MS. WICHT: Object to the form of  
10 the question.

11 A. No, we did not come up with the  
12 algorithms ourselves. It was a combination --  
13 it was an evolution. We used some internal  
14 statisticians in our department. We also hired  
15 a mathematician.

16 Q. Do you recall who that was?

17 A. Her first name was Jen Marie. She  
18 is no longer with the company. She moved out of  
19 state.

20 We also used -- we validated some  
21 of our models through a college professor at  
22 Ohio State.

23 Q. Is that the same college professor  
24 who worked on Generation Rx?

1           A.     I believe it is a different  
2     person.

3           Q.     Do you recall who?

4           A.     I don't recall his name. I mean,  
5     most of the dealings with that college professor  
6     was done by our anti-diversion team.

7                     We also hired a company called  
8     Healthcare Advising.

9           Q.     Who are they?

10          A.     They're an outfit out of San  
11     Antonio, Texas.

12          Q.     What do they do?

13          A.     They do -- they advise the company  
14     on healthcare, and they had some capabilities on  
15     statistics.

16          Q.     When did you first work with  
17     Healthcare Advising?

18          A.     The exact period of time, I don't  
19     recall. It had to be between '12 -- '07 and '12  
20     or '07 and '13, in that period of time.

21          Q.     And do you recall for how long you  
22     worked with Healthcare Advising?

23          A.     I don't recall the exact  
24     engagement period that they worked for us.

1 Q. Any other projects that Deloitte  
2 worked on?

3 A. I believe you asked me that  
4 question already, and I don't recall any other  
5 projects.

6 Q. Did you ever work with Dendrite?

7 A. We used their services.

8 Q. What services of theirs did you  
9 use?

10 A. To the best of my knowledge, we  
11 used them to do field inspections.

12 Q. Can you explain that to me,  
13 please.

14 A. Inspections or reviews of  
15 pharmacies in the field. Customers.

16 Q. So Dendrite would send individuals  
17 out to do a site visit; is that what you mean?

18 A. Yes.

19 Q. What kind of oversight did  
20 Cardinal have of Dendrite personnel?

21 MS. WICHT: Object to the form of  
22 the question.

23 A. Those people were supervised by  
24 one of their supervisors, but they provided

1 different work of site visits.

2 Q. Framework of -- I'm sorry. I  
3 didn't understand.

4 A. Of the site visits.

5 Q. Of the site visits, okay.

6 So they would provide the  
7 framework of the site visits?

8 A. (Nods head.)

9 Q. What does that mean? Does that --

10 MS. WICHT: Object to the form of  
11 the question.

12 Sorry. Go ahead.

13 I don't know who -- you said  
14 "they" in your question, and it's not  
15 clear to me that we're all talking about  
16 the same person.

17 MR. KROEGER: Yeah.

18 BY MR. KROEGER:

19 Q. You were talking about Dendrite,  
20 and the role -- and I was asking about the role  
21 that they played in site visits. I was also  
22 asking about what oversight Cardinal had of  
23 Dendrite personnel and what specifically  
24 Dendrite personnel did with regard to site

1 visits. And so my understanding is that you  
2 said that Dendrite employees would provide a  
3 framework for the site visits. Is that  
4 accurate?

5 A. No, I did not say that.

6 Q. Okay.

7 A. They provide the services of doing  
8 the site visit. We provided the forms that they  
9 had to complete during site visits and we  
10 provided the list of the customers that we  
11 wanted them to visit.

12 Q. When you say you provided the  
13 forms, you mean physical forms, Cardinal would  
14 provide paper forms that Dendrite personnel  
15 would then go to a pharmacy and fill out?

16 A. It could be paper, it could be  
17 electronic forms.

18 Q. But a questionnaire of sorts that  
19 they would have to answer?

20 A. They would be the forms that we  
21 use to document our customer visits.

22 Q. And when is it that Cardinal began  
23 to delegate site visits to Dendrite personnel?

24 MS. WICHT: Object to the form of

1 the question.

2 A. The word "delegation" is probably  
3 not the right -- we used their services to help  
4 us complete a number of visits. We didn't  
5 delegate. We used their services.

6 Q. Was it Cardinal personnel that was  
7 performing the site visits, or was it Dendrite  
8 personnel?

9 A. We had both. We have our own  
10 personnel, and we used the services from  
11 Dendrite at that time, I believe, to help us  
12 perform some of the visits.

13 Q. And was that because Cardinal  
14 didn't have sufficient personnel to do all the  
15 site visits needed on their own?

16 MS. WICHT: Object to the form of  
17 the question.

18 A. It was because we were reacting to  
19 changes in the regulatory environment, and there  
20 were some additional visits that we wanted to  
21 perform in a short period of time, so we used  
22 outside resources to assist us with that.

23 Q. Okay. So the first question I  
24 have about that is: What period of time are we



1     talking about that Dendrite was assisting you,  
2     Cardinal, with site visits?

3             A.     To the best of my knowledge, they  
4     were involved with some of our site visits from  
5     sometime in 2012 and sometime in 2013, but I  
6     don't recall the exact dates.

7             Q.     And you said this was due to  
8     changes in the regulatory environment. What  
9     were the changes in the regulatory environment  
10    that led Cardinal to decide we need to hire or  
11    bring on Deloitte -- or Dendrite personnel to  
12    assist us in site visits?

13            A.     Where we follow, you know, what's  
14    going on in the public media, so we understand  
15    there's, you know, an increase in use of certain  
16    drugs in certain markets. We may ask our team  
17    to go to those markets and review the stores  
18    that we have as customers or that we have  
19    concerns.

20            Q.     Maybe I missed it, but I don't  
21    understand where in your answer you talked about  
22    changes in the regulatory environment.

23            A.     Well, there's changes in -- have  
24    been changes in the expectations in the

1 regulatory environment over time. So -- and  
2 expectations of pharmacies, expectations of  
3 distributors.

4 Q. And what were the changes?

5 A. There have been changes over time.

6 Q. Okay. But specific to what we're  
7 talking about right at this moment, is there's a  
8 point in time, you think it's in 2012 to  
9 sometime in 2013 -- you're not certain of the  
10 dates -- but in that two-year period, you said  
11 that Cardinal enlisted assistance from Dendrite  
12 to do site visits because there were changes in  
13 the regulatory environment. So those are the  
14 specific changes I'm asking about right now.

15 What were those changes in 2012  
16 and '13 that you're talking about?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. Some of the changes is the  
20 expectations that the agency had with us and  
21 other registrants.

22 Q. The agency, being the DEA?

23 A. DEA.

24 Q. Drug Enforcement Agency of the

1 United States?

2 A. (Nods head.)

3 Q. Is that a yes?

4 A. Yes.

5 Q. Sorry. That's just for the  
6 record. Sometimes we have the nods of the head,  
7 which the camera will catch it but the  
8 transcript won't.

9 So what were the changes in  
10 expectations that the agency had with Cardinal  
11 and other registrants in 2012 and '13?

12 A. One of the changes that I recall,  
13 we had an understanding with the DEA that we  
14 will investigate threshold events, and if we  
15 found that those threshold events resulted in  
16 customer that had the potential for diversion,  
17 that they wanted us to communicate those to  
18 them.

19 Q. So your testimony today is that  
20 sometime in 2012 or 2013, the DEA, for the first  
21 time, said that Cardinal and other registrants  
22 need to investigate threshold events, and if  
23 they find that a customer has a potential for  
24 diversion, they need to report that to the DEA?

1           A.     When we terminated the customer.

2                     MS. WICHT:   Object to the form of  
3           the question.

4           Q.     Say again?

5           A.     Is when the termination of that  
6   particular customer, they wanted us, based on  
7   the communications between my staff and the DEA,  
8   that's the information that they wanted us to  
9   communicate as suspicious order.  Later in time,  
10   we learned that the agency had changed their  
11   expectations and they wanted to know every  
12   single order that hit a threshold event after a  
13   small investigation, had to be communicated to  
14   them.

15           Q.     So it's the every single threshold  
16   event after a small investigation has been  
17   communicated to the DEA, that's the change that  
18   occurred in 2012 and '13?

19           A.     That's the -- yes.

20           Q.     And what was the small  
21   investigation that would have to occur after a  
22   threshold event?

23           A.     Is like a quick review of the  
24   customer order to determine whether the customer

1     was likely due to a typographical error, and we  
2     were, you know, expected to make a decision very  
3     quickly. And if we could not resolve that order  
4     in a short period of time, we had to report it  
5     to the DEA and continue our investigation in  
6     regards to the customer, because that takes a  
7     longer period of time.

8             Q.     And this review, this short  
9     investigation, where did that occur?

10            MS. WICHT: Object to the form of  
11     the question.

12            A.     That review of investigation  
13     occurs as part of our electronic monitoring  
14     system with the personnel that is responsible  
15     for that.

16            Q.     And so do you recall, who at the  
17     DEA communicated this change to Cardinal?

18            A.     The initial agreement between  
19     Cardinal Health and the DEA occurred between --  
20     to the best of my knowledge, between Michael  
21     Moné, Barbara Boockholdt, Sue Langston, and Nick  
22     Rausch, I believe, was at that meeting, too.

23            Q.     But you were not?

24            A.     I was not. That was before I

1 joined Cardinal Health.

2 Q. So there was a meeting with those  
3 four individuals you just named. Nick Rausch  
4 and Michael Moné are the two Cardinal  
5 representatives?

6 A. That is my understanding.

7 Q. And when you started, was it  
8 conveyed to you that this is a new change we  
9 have?

10 A. My understanding was these are the  
11 expectations from the agency, that we evaluate  
12 orders, determine if the customer had the  
13 potential to divert the order, and our practice  
14 was: Terminate the customer and communicate  
15 that termination to the DEA.

16 Q. And so what I'm confused about now  
17 is that you're talking about a meeting prior to  
18 you joining Cardinal between Michael Moné, Nick  
19 Rausch and the DEA, correct?

20 A. Correct.

21 Q. And that is in response to me  
22 asking you about the regulatory changes that  
23 took place in 2012 and '13 that required  
24 Cardinal Health to employ Dendrite to assist in

1 site visits?

2 A. Well, we had --

3 MS. WICHT: Object to the form of  
4 the question.

5 A. -- we had a regulatory action from  
6 the agency in 2012. So that was definitely --  
7 there was a change in the expectation from the  
8 agency from what we had done before, which had  
9 been reviewed in numbers of time, not only by  
10 the meeting the DEA had at our corporate  
11 headquarters, but also during dozens of cyclical  
12 inspections. We did not express concern until  
13 we received the administrative action from the  
14 agency.

15 Q. So Cardinal Health was  
16 communicated changes -- regulatory changes that  
17 the DEA expected in -- prior to December 1st,  
18 2009, when Michael Moné and Nick Rausch meets  
19 with the DEA, correct?

20 A. We presented the program that we  
21 had for anti-diversion, our intent on how to  
22 execute the program. And my understanding was  
23 that there was an agreement that the program  
24 fulfilled the expectations of the agency and

1       that met the regulatory requirements.

2                   Q.       And that was at a meeting prior to  
3       you joining Cardinal?

4                   A.       That was the meeting that occurred  
5       before I joined Cardinal Health.

6                   Q.       And did you ever see any agreement  
7       in writing between the DEA and Cardinal with  
8       regard to that meeting?

9                   A.       I did not see any agreement in  
10      writing, but I got a consistent message from  
11      Michael, from Bob Giacalone, from Mr. Morford  
12      that that was our agreement with the agency, so  
13      we needed to make sure that we keep compliant  
14      with that agreement.

15                  Q.       And as the supervisor of  
16      anti-diversion, you didn't confirm that in  
17      writing?

18                   MS. WICHT:   Object to the form of  
19      the question.

20                  A.       I believe the information that was  
21      provided by my staff, by our senior legal  
22      regulatory counsel, and by my boss.

23                  Q.       And what I'm still trying to  
24      understand is, this meeting occurred before you



1     joined Cardinal on December 1st, 2009. And in  
2     that meeting was conveyed to Cardinal that the  
3     DEA had additional expectations with regard to  
4     reporting threshold events after a small  
5     investigation, correct?

6                     MS. WICHT: Object to the form of  
7                     the question.

8             A.     My understanding of what occurred  
9     in the meeting was we provided a presentation to  
10    two members of the Drug Enforcement  
11    Administration. That presentation was an  
12    overview of our anti-diversion program and our  
13    suspicious order monitoring program. And the  
14    agency didn't have any objections, didn't have  
15    any concerns with the way that we were executing  
16    our program.

17            Q.     But I thought you said that this  
18    meeting -- we're talking about one meeting that  
19    happened before you got there, just to be clear,  
20    there's only one meeting we're talking about  
21    between Michael Moné, Nick Rausch, as  
22    representatives of Cardinal, and the DEA.

23                     I thought your testimony earlier  
24    was that at that meeting the DEA conveyed to

1 Cardinal regulatory changes, in particular, that  
2 upon a threshold event, Cardinal would do a  
3 small investigation and then report to the DEA  
4 if a customer had to be terminated?

5 MS. WICHT: Object to the form of  
6 the question.

7 A. That's incorrect. I didn't say  
8 that.

9 Q. Okay.

10 A. I didn't say that. I think as a  
11 result of the regulatory action that we had in  
12 2012, those were new expectations that were  
13 communicated to us.

14 Q. Okay. So you're testifying that  
15 in 2009 -- well, I'm sorry. Before you joined  
16 Cardinal in 2009, there was a meeting between  
17 Michael Moné, Nick Rausch and the DEA, and at  
18 that meeting, there weren't new expectations --  
19 new regulatory changes that were conveyed to  
20 Cardinal. That's your testimony now?

21 MS. WICHT: Object to the form of  
22 the question.

23 A. That is not what I said. What I  
24 said was, there was a meeting between

1 representative from DEA and Cardinal Health,  
2 where Cardinal Health presented our suspicious  
3 order monitoring program to the agency. As we  
4 were executing the program at that time, the  
5 agency appeared to be satisfied with our  
6 execution of the program, did not express any  
7 concern.

8                   Also, that program has been  
9 presented to the agency during multiple  
10 inspections of our distribution centers. And to  
11 the best of my knowledge, there has not been a  
12 single concern about that until we got the  
13 administrative action in 2012.

14               Q.     And so between your start date of  
15 December 1st, 2009 and the action in 2012 --  
16 early February, 2012, does that sound --

17               A.     Sounds about right.

18               Q.     -- sounds about right?

19                   Between December 1, 2009 and early  
20 February 2012, did you ever have any contact  
21 with the DEA to determine if the suspicious  
22 order monitoring program of Cardinal was in line  
23 with their expectations?

24               A.     I personally did not have a

1 meeting with DEA. Members of my staff did.  
2 Michael Moné, I believe, was in routine  
3 communication with Barbara Boockholdt and other  
4 members of the DEA. I also attended, you know,  
5 presentations from the DEA but never had  
6 personal interaction with the agency.

7 Michael had most of those  
8 interactions, and Steve Reardon and some other  
9 members of my staff.

10 Q. How about above you? Did Craig  
11 Morford ever have conversations or contact with  
12 the DEA, to your knowledge?

13 A. I would speculate if I say yes or  
14 no. I don't know that.

15 Q. So you're not aware of any time  
16 that he did?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. During that period of time, I  
20 would not be able to recall.

21 Q. All right. Well, during the  
22 period of time that you've been with Cardinal,  
23 from December 1st, 2009, are you aware of any  
24 time that Craig Morford had contact with the

1     DEA?

2                   A.     I have personally not been in any  
3     of the meetings that either Craig or somebody  
4     else may have with personnel from the DEA.

5                   Q.     Okay. And maybe you weren't  
6     present, but I'm asking right now if you're  
7     aware of any meetings between Craig Morford and  
8     the DEA.

9                   A.     I believe there was a meeting --  
10    one meeting between Cardinal Health and DEA  
11    where we made another presentation of our  
12    program. And my understanding was Craig may  
13    have been there. I'm not 100 percent sure. I  
14    know Todd Cameron was there.

15                  Q.     And when was that?

16                  A.     I cannot tell the date, but it  
17    could be '15 to '17. But I don't even recall if  
18    I was involved with the program at that time or  
19    not.

20                  Q.     And do you know who from the DEA  
21    was involved?

22                  A.     I'm trying to recollect if I  
23    remember. I'm not very good with names. But I  
24    do not recall from the top of my head.

1 Q. Is it fair to say, then, if you  
2 can't recall, that at least it wasn't Barbara  
3 Boockholdt?

4 MS. WICHT: Object to the form of  
5 the question.

6 A. I don't recall. I mean -- or they  
7 didn't tell me who was there, or I don't recall  
8 if Barbara was there or not.

9 Q. Okay. That's fair.  
10 So we -- I want to go back because  
11 I still don't think I have a full understanding  
12 of what it was in 2012 that was communicated to  
13 Cardinal that led Cardinal to employ the  
14 services of Dendrite to assist with site visits.

15 A. Our understanding was that the  
16 agency expectations and definition on suspicious  
17 orders had changed.

18 Q. In what way?

19 A. In the past, the program that we  
20 presented to the agency, which the agency had no  
21 objection, was that when we had a threshold  
22 event, we had to investigate the threshold event  
23 if we concluded that the customer had posed a  
24 risk for diversion or we couldn't conclude

1     that -- at that point in time, after an  
2     investigation, that we should report that  
3     customer as suspicious.

4                     The expectations changed in 2012  
5     were the time frame that we were allowed to do  
6     an investigation, and the agency decided that  
7     each threshold event, after a quick  
8     investigation -- when I say "quick  
9     investigation," is a very short period of time  
10    to be communicated to them as a suspicious  
11    order, even though that threshold event not  
12    necessarily met all of the requirements of a  
13    suspicious order.

14             Q.     So what kind of threshold events  
15    would not meet the requirements of a suspicious  
16    order?

17                     MS. WICHT:   Object to the form of  
18                     the question.

19             A.     For example, we're reporting them  
20    as suspicious, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]     I mean, that

24    will -- potentially could hit a threshold event.

1           Q.     Could potentially also signal that  
2     a number of people have decided they want to buy  
3     a bunch of oxycodone for a party on the weekend,  
4     couldn't it?

5                     MS. WICHT:   Object to the form of  
6             the question.

7           A.     Not necessarily.

8           Q.     Not necessarily, but it could,  
9     couldn't it?

10                    MS. WICHT:   Object to the form of  
11           the question.

12           A.     Not necessarily.   Everything is  
13     possible, but it's not necessarily.   So we want  
14     to do an investigation on that customer to look  
15     at the fact on why there was an increase in  
16     order, and we want -- that takes time.   But with  
17     our current system and the current expectations  
18     of the agency, we report those as suspicious.

19           Q.     You said you want to investigate  
20     those but that takes time.   I don't understand.  
21     What kind of time does it take to find out if a  
22     threshold event is suspicious or not?

23           A.     It takes -- to determine if the  
24     order is likely to be diverted, it takes time.



1 It takes some time, customer visit. It takes  
2 time interacting with the customer. It takes  
3 time maybe having a salesperson drive by to get  
4 additional information.

5 It takes time to evaluate an order  
6 and determine whether Cardinal Health feels  
7 comfortable either filling that order or we  
8 decide to -- not to longer do business with that  
9 particular customer because it poses a risk of  
10 diversion.

11 Q. And in order to meet that  
12 requirement, Cardinal employed Dendrite to  
13 assist with site visits?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. We used Dendrite to help us to --  
17 more site visits so we can have more recent  
18 information on our customer.

19 MR. KROEGER: There's someone on  
20 the phone who is not muted. If you  
21 could please mute.

22 Q. But prior to 2012, you did not use  
23 Dendrite to assist with site visits, correct?

24 A. During the time that I was there

1 in 2009 to 2012, I don't recall us using  
2 Dendrite. That doesn't necessarily mean that we  
3 had not used them, but I don't recall.

4 Q. But your testimony is that, to  
5 your knowledge, Dendrite was employed by  
6 Cardinal in order to assist with this new  
7 requirement from the DEA that threshold events  
8 get a fast investigation?

9 MS. WICHT: Object to the form of  
10 the question.

11 A. Not -- not for that. It was to  
12 assist us to do -- we wanted to have more site  
13 visits done. We wanted to refresh all of our  
14 files, so we used Dendrite to help us do  
15 additional visits.

16 Q. And you say you wanted, but in  
17 2012, didn't the DEA tell you that you had to do  
18 those site visits within 120 days?

19 A. I don't recall the terms of the  
20 agreement. It could be in the agreement, but I  
21 would have to review the agreement to say if  
22 that was the case.

23 Q. Okay. We can do that.

24 But your testimony so far is that

1     you, Cardinal, that Cardinal employed Dendrite  
2     to assist with these site visits because you  
3     wanted to do more of them; is that correct?

4             A.     I believe that we wanted to do  
5     more site visits.

6             Q.     And you think that this is  
7     something that Cardinal decided on its own, its  
8     own accord, to do more site visits in 2012; is  
9     that your testimony?

10            MS. WICHT: Object to the form of  
11            the question.

12            A.     I can tell you as a member of the  
13     management team, we wanted to do more site  
14     visits. And even today, we continue to do a lot  
15     of site visits.

16            Q.     And why is it -- strike that.

17                    In 2010 and 2011, why is it that  
18     Cardinal didn't have the same desire to visit  
19     all the sites to which they sold controlled  
20     substances that they did in 2012?

21            MS. WICHT: Object to the form of  
22            the question.

23            A.     We did plenty of site visits. We  
24     investigated every single suspicious customer

1 and every single suspicious order was reported  
2 to the agency, based on the understanding that  
3 we had at the time.

4 Q. What was that understanding?

5 A. I already explained to you the  
6 understanding that we had of investigating the  
7 order, investigating the customer, and if we  
8 deemed that a customer had the potential for --  
9 to pose a risk for diversion to -- the agency  
10 wanted to know that suspicious order and that  
11 suspicious customer that was terminated.

12 Q. But suddenly in 2012 Cardinal had  
13 a greater desire to do site visits than it had  
14 in 2010 and '09 -- or 2010 and '11; is that  
15 right?

16 A. Well, we had --

17 MS. WICHT: Object to the form of  
18 the question.

19 A. We had a regulatory action, so to  
20 me, the agency had changed the expectations on  
21 how we executed the program. So we wanted to  
22 make sure that we cover all the bases. We do  
23 not want another regulatory action against  
24 Cardinal Health, and we employ not only internal

1 resources, but external resources to make sure  
2 that we not only met the expectations of the  
3 agency, but that we exceeded those.

4 Q. But Cardinal didn't have the same  
5 desire to avoid that regulatory action or exceed  
6 expectations of the DEA in 2010 or '11?

7 MS. WICHT: Object to the form of  
8 the question.

9 A. That's not what I said.

10 Q. But Cardinal decided to wait until  
11 2012 to ask Dendrite to assist with site visits  
12 across the country?

13 A. Cardinal always had the same  
14 desire to comply with all regulatory  
15 requirements. That desire has never changed as  
16 far as I know. At least since I joined the  
17 company. I can attest to that. Our management  
18 team has to have -- wants to have a good  
19 regulatory record, which we have demonstrated  
20 over many, many years.

21 These regulatory actions that we  
22 got in 2012 was a surprise to us because, to the  
23 best of my knowledge, we were meeting the  
24 expectations of the agency.

1 MS. WICHT: And if you would note  
2 my objection to the form of the last  
3 question. I didn't want to interrupt,  
4 Mr. Quintero. Thank you.

5 BY MR. KROEGER:

6 Q. But, again, just to be clear, it  
7 wasn't until 2012 when the regulatory action  
8 commenced against Cardinal that Cardinal  
9 decided, we want to and need to employ Dendrite  
10 to assist with site visits across the country?  
11 That's your testimony, correct?

12 MS. WICHT: Object to the form of  
13 the question.

14 A. My testimony is that since I got  
15 to Cardinal Health on December 1st, 2009, the  
16 company intended to comply with all regulatory  
17 requirements, including DEA regulations, and  
18 that we executed a program that was presented to  
19 the agency, that the agency accepted as a good  
20 program, we executed according to those  
21 expectations.

22 We did hundreds of visits. We cut  
23 hundreds of customers during that period of time  
24 before 2012. To the best of my knowledge, we

1 cut over 300 customers during that period of  
2 time.

3 Q. And yet it wasn't until 2012 that  
4 you -- that Cardinal realized it needed  
5 assistance to conduct appropriate site visits?

6 MS. WICHT: Object to the form of  
7 the question. Foundation.  
8 Mischaracterizes.

9 A. We were always conducting  
10 appropriate visits. We decided to increase the  
11 number of site visits that we did because the  
12 expectations of the agency appeared to have  
13 changed and we were adapting to the changes in  
14 expectations from the agency.

15 But in terms of whether or not we  
16 were doing inspections according to the  
17 expectations of the agency at that time, we were  
18 doing hundreds of inspections. We dedicated  
19 personnel to do those inspections. We used our  
20 compliance officers to do inspections, too. And  
21 we required our salespeople to notify us of any  
22 concerns that they had with any customer.

23 And those inspections were  
24 conducted and they resulted in over 300

1 customers being cut, which most of them today  
2 still have a DEA license to dispense product.

3 Q. How many customers does Cardinal  
4 distribute controlled substances to?

5 A. I will speculate. I'm not  
6 involved with that particular group now, so I  
7 would be speculating on a number.

8 Q. Prior to 2012?

9 A. There were thousands of customers.

10 Q. Thousands. Tens of thousands?

11 MS. WICHT: Object to the form of  
12 the question.

13 A. I wouldn't know the exact number.  
14 So if I tell you a number, I would be  
15 speculating. I would have to go and ask  
16 somebody in the sales department to tell me the  
17 exact number of customers that we have.

18 Q. Okay. Aside from assisting with  
19 site visits in 2012, what else did Dendrite do  
20 for Cardinal?

21 A. I'm trying to recollect.

22 To the best of my knowledge, that  
23 was their primary services that they were  
24 providing to Cardinal Health.



1           Q.     And to the best of your knowledge,  
2     did that -- did those services end in 2012, '13,  
3     or do they continue?

4           A.     I think we have used them after  
5     that, but since I was removed from the -- I  
6     mean, I'm not in the department anymore managing  
7     that particular area, I couldn't tell. But I  
8     know that we have used them occasionally.

9           Q.     So we've talked about Deloitte.  
10    Dendrite. Health Advisory.

11          A.     Uh-huh.

12          Q.     What other outside organizations  
13    has Cardinal used for anti-diversion assistance?

14          A.     We used IBM Watson.

15          Q.     What do you use IBM Watson for?

16          A.     We use IBM Watson to help us  
17    develop our anti-diversion -- it's called ADC.  
18    It's --

19          Q.     It's called what? I'm sorry.

20          A.     ADC.

21          Q.     ADC.

22          A.     ADC. Centralized system. I'm  
23    trying to recall the meaning of each one of  
24    those words.

1 Q. And what is that system?

2 A. It is a centralized system where  
3 we have information about customers, we see  
4 threshold events that they had in the past. We  
5 can even have a street view of where the  
6 pharmacy is located to see the surroundings.

7 Q. And that system -- the one benefit  
8 of a centralized system such as that is so that  
9 people who are at corporate headquarters in  
10 Dublin can determine if there are suspicious  
11 customers who may need to be shut down in Texas,  
12 right?

13 MS. WICHT: Object to the form of  
14 the question.

15 A. It is used to review customers and  
16 also to review customers' orders.

17 Q. But the -- is it true, though,  
18 that having a centralized system in Dublin,  
19 Ohio, or a system that's accessible in Dublin,  
20 Ohio, the capital -- the headquarters of  
21 Cardinal, allows the executives at Cardinal to  
22 see what might be going on at distribution  
23 centers around the country?

24 MS. WICHT: Object to the form of

1 the question. Foundation.

2 A. First, I mean, the activity of  
3 review of customers is done by different levels  
4 of employees. The executive -- like, I don't  
5 know what you call. I consider myself an  
6 executive. We generally are not involved in the  
7 day-to-day review of those threshold events.

8 Q. But you have access to that  
9 information through the centralized system?

10 A. I can ask one of the analysts in  
11 the group or one of the members of that team to  
12 provide me with that information that is there.

13 Q. And that's one of the many ways  
14 that you supervise the anti-diversion programs  
15 within Cardinal?

16 MS. WICHT: Object to the form of  
17 the question.

18 A. One of the ways that I inquired  
19 about information that I may be interested at a  
20 particular time.

21 Q. Okay. What else, besides the ADC,  
22 did IBM provide Cardinal?

23 A. To the best of my knowledge --  
24 they may have done other things -- that's what

1     they performed for us.

2             Q.     Any other outside agencies or  
3     corporations, companies that Cardinal has  
4     employed for anti-diversion?

5             A.     We had Avantha.

6             Q.     What's Avantha do for Cardinal?

7             A.     What Avantha did for Cardinal  
8     Health, they provided an expert in the field  
9     that will advise us on anti-diversion and any  
10    other trends that were going on in the  
11    regulatory environments regarding to DEA.

12            Q.     During what time period did  
13    Avantha provide such services?

14            A.     I don't recall the exact time. I  
15    will have to go back and look at the engagement.  
16    It could have been '12, '13, '14 and '15. I  
17    don't recall the exact time frame.

18            Q.     What other outside organizations  
19    or companies?

20            A.     We use Healthcare Advising.

21            Q.     What do they do?

22            A.     They provided assistance with  
23    developing a new threshold methodology with some  
24    of the information that we received from other

1 sources.

2 Q. What other sources?

3 A. Symphony or IMS or our own  
4 internal data.

5 Q. What other outside organizations  
6 do you recall?

7 A. We use also another organization,  
8 use Pharmacy Services or Pharmacy Solutions. I  
9 don't recall the name.

10 Q. What services did they provide  
11 Cardinal?

12 A. They provided resources to do --

13 VIDEOGRAPHER: Counsel on the  
14 phone, could you put yourself on mute,  
15 please.

16 BY MR. KROEGER:

17 Q. I'm sorry. Could you repeat that  
18 answer, please.

19 A. I don't recall the exact name, but  
20 it was Pharmacy Services or Pharmacy Solutions,  
21 one of the two. They provided resources,  
22 investigators, to do field visits.

23 Q. Was this also in 2012 and '13?

24 A. It was during 2012, '13. Could

1 have been '14, too.

2 Q. Any other outside services  
3 Cardinal received?

4 A. There could be others, but those  
5 are the ones that I recall, to the best of my  
6 knowledge.

7 Q. Okay.

8 MR. KROEGER: I think this is  
9 probably a good time for a quick break.

10 MS. WICHT: Okay.

11 VIDEOGRAPHER: Time is now 9:11.

12 Going off the record.

13 (Recess taken.)

14 VIDEOGRAPHER: Time is now 9:33.

15 Back on the record.

16 BY MR. KROEGER:

17 Q. Mr. Quintero, I just wanted to  
18 clarify something that we were going through, I  
19 think, a number of times.

20 You were talking about the change  
21 in regulations -- the changing expectations of  
22 the DEA.

23 A. Yeah. I never have spoken about  
24 changes in regulations. The regulations were

1 established in 1971 and still basically the same  
2 regulations.

3 Q. Right. But there was -- your  
4 testimony was that there was a change in the  
5 expectations of the agency with regard to  
6 Cardinal and other distributors, correct?

7 A. That was my testimony, yes.

8 Q. And prior to that change, Cardinal  
9 had been reporting to the DEA when there was a  
10 suspicious customer that Cardinal had determined  
11 they needed to terminate; is that right?

12 A. Yes. And --

13 MS. WICHT: Object to the form of  
14 the question.

15 Go ahead.

16 A. Yes. And in some examples also  
17 where we couldn't collect enough information to  
18 determine whether or not, you know, the customer  
19 was suspicious -- there was no reason to believe  
20 the customer was suspicious, but we didn't have  
21 enough information. So we reported some of  
22 those orders, too.

23 Q. Okay. But generally speaking, the  
24 suspicious order policy of Cardinal, prior to

1 2012, was to report suspicious customers when  
2 Cardinal deemed appropriate to terminate them,  
3 and then a handful of other suspicious orders  
4 that you just couldn't figure out?

5 MS. WICHT: Object to the form of  
6 the question.

7 A. Based on the agreement that we  
8 have with the agency, our practice was, you  
9 know, customer would have threshold events,  
10 we'll investigate those threshold events, do an  
11 in-depth investigation, determine if the  
12 customer posed a risk of diversion, and if we  
13 determine that there was a potential for that,  
14 then we communicated that to the agency, we  
15 reported that.

16 Q. Reported the customer?

17 A. We reported the customer that had  
18 that order placed, that triggered the reason for  
19 us to look at the customer.

20 Q. When you started at Cardinal, did  
21 anyone show you the Memorandum of Agreement with  
22 regard to the 2007-2008 events for Cardinal?

23 A. I don't recall. I don't recall.  
24 Could have. Could have not, but I don't recall



1 whether or not they show it to me.

2 Q. Are you aware of what happened for  
3 Cardinal in 2007-2008?

4 A. I believe --

5 MS. WICHT: Object to the form of  
6 the question.

7 A. I believe I read, before joining  
8 Cardinal, that had something to do with sales to  
9 Internet pharmacies.

10 Q. And distribution centers having  
11 the registration suspended?

12 A. That's my understanding.

13 Q. But then when you started in  
14 December of 2009, no one, to your recollection,  
15 showed you the Memorandum of Agreement as to  
16 what Cardinal's duties were?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. I requested an overview of, you  
20 know, what happened in 2008 and what were the  
21 actions that Cardinal took to address the  
22 concerns that the agency had. That overview was  
23 provided to me by members of my staff, as well  
24 as our senior legal regulatory counsel, as well

1 as my boss.

2 And the communication that I got  
3 from each one of them was very consistent with  
4 the agreement that had been made with the agency  
5 and the program that we've put in place that was  
6 deemed acceptable by the agency after the agency  
7 had reviewed our program.

8 - - -

9 (Cardinal-Quintero Exhibit 3 marked.)

10 - - -

11 BY MR. KROEGER:

12 Q. I'm going to hand you what I'm  
13 marking as Exhibit 3. It's Document 3813.

14 MR. HUNTER: Can you give the  
15 Bates number for that document?

16 MR. KROEGER: I can for this one.  
17 It's CAH\_MDL2804\_02309017.

18 Q. Mr. Quintero, if you would turn to  
19 Page 4 --

20 MS. WADHWANI: Sorry. 014.

21 MR. KROEGER: Sorry. Thank you.

22 Neelum corrected it. It's 014.

23 BY MR. KROEGER:

24 Q. If you'll turn to Page 4 of this.

1           A.     This is the top of the page, that  
2     4 here or 4 --

3           Q.     Correct, 4 top right.

4           A.     Okay.

5           Q.     And if you want to look, I mean  
6     obviously you're more than welcome to look at  
7     this document, look at the first page to see  
8     what it is, but I'll represent to you that it's  
9     the memorandum of understanding -- of agreement  
10    between Cardinal and the DEA that we were just  
11    talking about.

12                   If you go to -- because I see what  
13    you're looking at. If you go --

14           A.     What does it mean -- I mean, just  
15    a question because I'm reading, and it's  
16    different to what you read. It says "2008 MOA  
17    Reference in Background." What does that mean?

18           Q.     So this was an appendix, and this  
19    document, if you turn to what is actually Page 2  
20    of the exhibit itself, you will see the title of  
21    the document that we're going to be talking  
22    about.

23           A.     Where is it?

24           Q.     It is in Appendix B. Okay? And

1 if you'll turn to Page 4 --

2 MS. WICHT: So this copy came --  
3 is -- this copy is Appendix B to some  
4 other document?

5 MR. KROEGER: Yes.

6 MS. WICHT: But you're not asking  
7 right now about whatever that other  
8 document is or what --

9 MR. KROEGER: I'm asking about a  
10 very specific part of this MOA that I  
11 have from this appendix, which is  
12 attached to the 2012 action, but...

13 MS. WICHT: Okay.

14 MS. ANDERSON: For clarification,  
15 which page number are you on?

16 MR. KROEGER: 4. P1, top right,  
17 P1, 4.

18 BY MR. KROEGER:

19 Q. Most importantly, Mr. Quintero, do  
20 you see Roman numeral II, Number 1, Paragraph A,  
21 "Obligations of Cardinal"?

22 A. Uh-huh.

23 Q. Can you read that to us, please.

24 A. "Cardinal agrees to maintain a

1 compliance program designed to detect and  
2 prevent diversion of controlled substances as  
3 required under the CSA and applicable DEA  
4 regulations. This program shall include  
5 procedures to review orders for controlled  
6 substances, orders that exceed established  
7 thresholds and criteria will be reviewed by a  
8 Cardinal employee trained to detect suspicious  
9 orders for the purpose of determining whether,  
10 (I) such orders should not be filled and  
11 reported to the DEA based on a detailed review,  
12 the order is for a legitimate purpose and the  
13 controlled substances are not likely to be  
14 diverted into other than legitimate medical,  
15 scientific, and industrial channels.

16 "Orders identified as suspicious  
17 will be reported to the DEA as discussed in  
18 Subsection II(1)(c). This compliance program  
19 shall apply to all customers and future Cardinal  
20 distribution centers registered with the DEA in  
21 the United States and its territories and  
22 possessions.

23 "Cardinal acknowledges and agrees  
24 that the obligations undertaken in this

1     subparagraph do not fulfill the totality of its  
2     obligations to maintain effective controls  
3     against the diversion of controlled substances  
4     or to detect and report the suspicious orders  
5     for controlled substances."

6             Q.     So, Mr. Quintero, this is the  
7     agreement that Cardinal signed after a number of  
8     its distribution centers were investigated,  
9     suspended, et cetera?

10            A.     (Nods head.)

11            Q.     And identifying suspicious orders  
12     and reporting those to the DEA is a baseline  
13     that Cardinal agreed to; isn't that true?

14                   MS. WICHT: Object to the form of  
15     the question.

16            A.     Yeah, but there's additional  
17     language here, you know, which says, you know,  
18     established threshold criteria and --

19            Q.     Show me in that paragraph where  
20     Cardinal agreed to report customers when they  
21     decided to terminate those customers?

22            A.     As I told you, we reported  
23     suspicious orders as the agreement that was  
24     reached between Cardinal Health and senior

1 members from the DEA based on the program and  
2 the interpretation of the agreement.

3 Q. So you're saying that the DEA  
4 allowed Cardinal, after a meeting, to supplement  
5 this Memorandum of Agreement and do less than  
6 what it says here?

7 MS. WICHT: Object to the form of  
8 the question. Foundation.  
9 Mischaracterizes.

10 A. I don't believe that's what I  
11 said. I said that Cardinal had an  
12 interpretation of the agreement. That  
13 interpretation of the agreement was shared with  
14 senior members of the DEA and DEA was in  
15 agreement with that definition.

16 And it was reviewed in the 2009  
17 meetings, and also it was reviewed during dozens  
18 of cyclic inspections and we were never found to  
19 be in noncompliance with the agreement.

20 Q. And -- but it's still your  
21 position that it was in 2012 that the DEA  
22 suddenly wanted Cardinal to report all  
23 suspicious orders --

24 MS. WICHT: Object to --

1                   Q.       -- and that was a new  
2     understanding?

3                   MS. WICHT:   Object to the form of  
4                   the question.   Foundation.  
5                   Mischaracterizes.

6                   A.       My position is that the  
7     interpretation and the expectations of the  
8     agency of what was suspicious order had changed  
9     over time; that to the best of my knowledge,  
10    Cardinal Health, every time, reported suspicious  
11    orders, from the time that I was there in 2009  
12    until recent, based on the interpretation that  
13    it had other regulations and the understanding  
14    that we had from the agency.

15                  MS. WICHT:   I'm sorry to  
16                  interrupt.

17                  Madam Court Reporter, the -- this  
18                  is indicating it has a low battery.   It  
19                  is below 10 percent.   Is it possible to  
20                  have a charger that connects to this?

21                  MR. KROEGER:   We can go off the  
22                  record for a moment.

23                  VIDEOGRAPHER:   Time is now 9:45.  
24                  Going off the record.



1 (Discussion held off the record.)

2 VIDEOGRAPHER: Time is now 9:46.

3 Back on the record.

4 - - -

5 (Cardinal-Quintero Exhibit 4 marked.)

6 - - -

7 BY MR. KROEGER:

8 Q. I'm going to hand you what I've  
9 marked as Exhibit 4. We talked earlier about  
10 the fact that you sometimes would attend HDMA  
11 events, sometimes had a voice in the company for  
12 HDMA.

13 If you would read this e-mail. Do  
14 you know a Bill de Gutierrez-Mahoney?

15 MS. WICHT: May I -- while the  
16 witness is looking at the document, may  
17 I just inquire, since it's a -- this is  
18 a McKesson highly confidential document,  
19 whether permission has been granted to  
20 show it and use it in this document?

21 MR. KROEGER: It has been noticed  
22 and used at previous Cardinal  
23 depositions.

24 MS. WICHT: Okay. Thank you.

1 MS. MONAGHAN: I would like to  
2 note for the record --

3 MR. HUNTER: Excuse me. Do you  
4 mind just reading the Bates numbers when  
5 you're entering exhibits because we need  
6 to know which document it is, who is on  
7 the phone.

8 MS. MONAGHAN: I would like to  
9 note for the record that we agreed to  
10 allow the use of this document in Steve  
11 Reardon's deposition. We did not permit  
12 it in this deposition and we were not  
13 asked permission for this deposition.

14 MS. QUEZON: Are you objecting to  
15 the use of it?

16 MS. MONAGHAN: You can proceed.  
17 I'm just noting our objection for the  
18 record.

19 BY MR. KROEGER:

20 Q. Mr. Quintero, did you have a  
21 chance to look at this document I've handed you?

22 A. I've reviewed Page 1 and I'm  
23 starting to read Page 2.

24 Q. I'm only going to ask you about

1 Page 1.

2 A. Okay.

3 Q. This is an e-mail. Do you  
4 recognize the names at the top: Bill  
5 Gutierrez-Mahoney, and Donald Walker, Bruce  
6 Russell, Gary Hilliard?

7 A. I remember Gary Hilliard.

8 I remember Gary and Don. The  
9 other two names are not that familiar to me.

10 Q. And this e-mail is from March of  
11 2013. Do you see that?

12 A. Yep.

13 Q. And apparently there had been a  
14 conference the week before, an HDMA conference,  
15 that Gary and Bill had attended.

16 And would you read the second  
17 paragraph of the e-mail, please.

18 A. It says, "Gary and I attended the  
19 HDMA conference last week. These are my notes.  
20 Perhaps the most surprising revelation was Steve  
21 Reardon and Gilberto Quintero saying that  
22 Cardinal Health does not report to DEA --  
23 suspicious orders to DEA. No upside."

24 Q. So as of 2013, you were still not

1 reporting suspicious orders?

2 MS. WICHT: Objection to form.

3 Foundation.

4 A. This is not true. I don't know  
5 why -- who is this -- Bill de Gutierrez-Mahoney  
6 wrote that, because that's not the fact.

7 Q. You started reporting suspicious  
8 orders in 2012 when the DEA amended their  
9 expectations of Cardinal?

10 A. We reported --

11 MS. WICHT: Object to form.

12 Foundation. Mischaracterizes prior  
13 testimony.

14 A. We reported -- if you look at the  
15 record and the number of suspicious orders to  
16 DEA, we reported thousands of orders in 2012 and  
17 thousands of orders in 2013, '14, '15 as  
18 suspicious orders.

19 Q. So the years you just chose to  
20 list are '12, '13, '14, and '15, correct?

21 A. Yes. Because you're giving me a  
22 document that is dated 2013.

23 Q. Did you report thousands of  
24 suspicious orders in 2011?

1           A.     We reported suspicious orders, as  
2     defined by our program and as agreed by DEA, in  
3     2009, '10, and '11.

4           Q.     So the answer is no?

5                     MS. WICHT:  Objection to the form.  
6           Mischaracterizes.

7           A.     The answer is no to what?

8           Q.     That Cardinal reported thousands  
9     of suspicious orders in 2011.

10          A.     We -- the answer is we reported  
11     suspicious orders, as defined by our program, as  
12     defined with agreement with DEA in 2009, '10,  
13     and '11.

14          Q.     Mr. Quintero, are you aware of an  
15     opioid epidemic in this nation?

16          A.     I'm aware that there's an opioid  
17     epidemic in this nation.

18          Q.     And to your knowledge, what does  
19     that mean?

20          A.     That means that there are  
21     individuals in society that are using opiates  
22     for other than legitimate medical use.

23          Q.     A few, or thousands?

24          A.     I believe thousands.

1 Q. Hundreds of thousands?

2 A. I could not say that. If I had  
3 documents in front of me that -- from healthcare  
4 professionals that have done the studies, but I  
5 do not recollect what the number is.

6 Q. And to your knowledge, what role  
7 did Cardinal play in causing that opioid  
8 epidemic in the United States?

9 A. We did not --

10 MS. WICHT: Object to the form of  
11 the question and on the basis that I  
12 believe Special Master Cohen has ruled  
13 that's an inappropriate area for  
14 questioning in depositions in this case.

15 But I'll allow you to answer,  
16 Mr. Quintero.

17 A. I do not believe Cardinal Health  
18 played a role in the opioid epidemic. We had a  
19 program in place that was designed to prevent --  
20 to -- we had the proper controls against  
21 diversion of drug products other than for  
22 legitimate medical uses, as demonstrated by the  
23 actions that we have taken, as demonstrated by  
24 the hundreds of pharmacies that we have

1     terminated, not because we know they are  
2     diverting.  It's because we may have the  
3     suspicion that they may engage in practices that  
4     they are not consistent with the expectations  
5     that we have.

6                                     - - -

7             (Cardinal-Quintero Exhibit 5 marked.)

8                                     - - -

9     BY MR. KROEGER:

10             Q.     I'm going to hand you what is  
11     marked as Exhibit 5,  
12     CAH\_MDL\_PRIORPROD\_DEA12\_000001.  We have it  
13     listed as P1.4085.  And I'd ask you to turn to  
14     Page 4 of that, Mr. Quintero.  You're welcome to  
15     take a look at the document and familiarize  
16     yourself with it, but I'm going to ask you about  
17     Page 4 to start.

18             A.     Is this our document or the  
19     government document?

20             Q.     It's the government's document.  
21                     So if you turn to Page 4.  If I  
22     could get you to -- well, I'll read it for you.  
23     The first full paragraph.

24                     "The illicit pain clinics, the

1 pharmacies that fill the scripts, and the  
2 wholesale distributors who supply pharmacies  
3 without appropriate due diligence (including  
4 Respondent), have caused and continue to cause  
5 millions of dosage units of oxycodone and other  
6 controlled substances to be diverted and pose an  
7 imminent threat to public health and safety.

8 "According to the Florida Medical  
9 Examiner's Office, they have seen a 345.9  
10 percent increase in the number of overdose  
11 deaths associated with oxycodone between 2005  
12 and 2010. For 2010, their data showed that  
13 approximately 4,091 persons died in Florida  
14 alone from an overdose caused by just five  
15 drugs: Methadone, oxycodone, hydrocodone,  
16 benzodiazepines, or morpheme.

17 "This is an average of 11.2  
18 persons dying in the state of Florida every day  
19 from just these five drugs alone."

20 Clearly the government,  
21 Mr. Quintero, disagrees with your position that  
22 Cardinal had no role in causing the opioid  
23 epidemic.

24 MS. WICHT: Object to the form of



1 the question.

2 Q. Do you believe that illicit pain  
3 clinics are responsible for the opioid epidemic?

4 MS. WICHT: Object to the form of  
5 the question.

6 A. There are many reports from  
7 different healthcare professionals that have  
8 theories on how the epidemic was initiated, why  
9 we still have an epidemic. And so there are  
10 healthcare professionals out there still  
11 debating what is the cause. I still do not have  
12 a firm position on who initiated this, what is  
13 the cause of this.

14 Q. I'm talking about a cause. A  
15 cause.

16 A. I couldn't say that we are a  
17 cause, because we have the proper controls in  
18 place to prevent diversion, and we do not sell  
19 products to pharmacies that we believe are  
20 dispensing products for other than legitimate  
21 medical use.

22 Q. Would you agree that illicit pain  
23 clinics, as mentioned here, are part of a cause  
24 of the opioid epidemic?

1 MS. WICHT: Object to the form of  
2 the question. Asked and answered.

3 A. To be honest with you, without  
4 having a conclusion that can be reached, a  
5 consensus among healthcare professionals, that  
6 what is the cause of this epidemic, it will be  
7 very difficult for me to have a clear position  
8 for that because the issue is still being  
9 debated.

10 Q. So sitting here today, as the  
11 person who has been overseeing anti-diversion at  
12 Cardinal Health from 2010 until 2015, you can't  
13 say whether you think illicit pain clinics are a  
14 problem in the -- or a cause in the opioid  
15 epidemic?

16 MS. WICHT: Object to the form of  
17 the question.

18 A. It could but it could not. I  
19 mean, I would have to have more in-depth studies  
20 done by people that are experts in the field for  
21 me to reach that conclusion.

22 Q. Do you understand --

23 A. There are still debates on that  
24 issue.

1           Q.     Do you understand that illicit  
2     pain clinics are clinics in which there is no  
3     real or actual doctor/patient relationship?

4           MS. WICHT:   Object to the form of  
5           the question.

6           A.     I'm not --

7           MS. WICHT:   Foundation.

8           A.     I'm not an expert in the field.  I  
9     wouldn't know that.

10          Q.     And yet, December 1st, 2009,  
11     Cardinal tasked you with overseeing their  
12     anti-diversion programs?

13          MS. WICHT:   Object to the form of  
14          the question.

15          A.     Cardinal asked me in December 1st,  
16     2009 to oversee a number of programs, while the  
17     regulatory compliance program, including  
18     anti-diversion.  And it's my belief that we had  
19     a good program in place that was agreed with the  
20     agency and that we were meeting the expectations  
21     of the agency at that particular time.

22          Q.     What were the expectations of the  
23     agency at that time, prior to 2012, with regard  
24     to Cardinal reporting chain pharmacies?

1 MS. WICHT: Object to the form of  
2 the question.

3 A. Can you repeat that question  
4 again?

5 Q. What were the expectations of the  
6 agency, prior to 2012, in terms of Cardinal  
7 reporting chain pharmacies?

8 MS. WICHT: Object to the form.

9 A. My understanding on the agreement  
10 that we had with the agency is that we could  
11 rely on the investigation from the  
12 anti-diversion program from the chain pharmacies  
13 to make our decisions in terms of -- in terms of  
14 suspicious orders and whether or not we should  
15 continue the sales to those pharmacies.

16 Q. Okay. I'm going to ask you to  
17 return to Exhibit 3, if you would. P1.3813.

18 And if you'll go to Page 4, and  
19 will you show me under the "Obligations of  
20 Cardinal," the paragraph we've already read,  
21 where it says that Cardinal can rely on chain  
22 pharmacies to do their due diligence and  
23 Cardinal doesn't have to report chain pharmacies  
24 to the DEA?

1 MS. WICHT: Object to the form of  
2 the question. Mischaracterizes his  
3 testimony.

4 A. I just can tell you about the  
5 agreements that were reached between the agency  
6 and Cardinal Health, which I was not there but  
7 those agreements were communicated to me by  
8 members of my staff, by Bob Giacalone, which was  
9 our senior regulatory counsel at that time, by  
10 my boss, and that we were meeting all the  
11 expectations of the agency at that point in  
12 time.

13 Now, one of the agreements that  
14 was made is that we relied on investigations  
15 done by the headquarters of chain pharmacies  
16 when we have threshold events that needed to be  
17 investigated.

18 Q. Can you show me in the document  
19 that I handed you where it says that, under  
20 Cardinal's obligations?

21 A. What I'm communicating to you  
22 is --

23 Q. I'm just -- I'm asking if you can  
24 show it to me. It's a yes or no, either you can

1 and you do, or you can't.

2 MS. WICHT: Object to the form.

3 Q. Can you show me, Mr. Quintero,  
4 where, under the "Obligations of Cardinal," it  
5 says that Cardinal may rely on the due diligence  
6 done by a chain pharmacy to determine if a  
7 suspicious order has been placed?

8 A. What I can tell you is, we reached  
9 the agreement. That agreement was reviewed  
10 during many years between 2012, including the  
11 meeting between Barbara Boockholdt, Sue  
12 Langston, Michael Moné and Nick Rausch. We  
13 never got a single call from the FDA saying,  
14 hey, by the way, Gilberto, I have concerns that  
15 you guys are not meeting the spirit of the MOA  
16 during the cyclic inspection. We never got that  
17 indication.

18 Q. Can you show me in the document in  
19 front of you where that is?

20 A. I cannot show you that, but I can  
21 show you the discussions between -- I can tell  
22 you about the discussions that --

23 Q. Would you agree --

24 A. -- that occurred between --

1           Q.     You've told me about the  
2     discussions. But would you agree that under the  
3     Memorandum of Agreement that was signed by  
4     Cardinal Health and the United States  
5     Government, through the DEA, that that is not in  
6     here?

7           A.     The interpret --  
8                   MS. WICHT: Object to the form of  
9           the question.

10          A.     The interpretation of this  
11     agreement was discussed with members of the  
12     agency, which have found it to be -- which was  
13     found at that time to be satisfactory with the  
14     spirit of the agreement or the language of the  
15     agreement.

16          Q.     And there's that word again, "the  
17     spirit" of the agreement. You said that earlier  
18     with regard to your supervision of  
19     anti-diversion, making sure that people are  
20     acting within the spirit of the rules and the  
21     laws.

22                   What I have asked and you have not  
23     answered still is: Is there anywhere in that  
24     document in front of you a spot where it says,

1 Cardinal may rely on the due diligence done by  
2 chain pharmacies to determine suspicious orders?

3 MS. WICHT: Object to the form of  
4 the question.

5 A. (Witness reviews document.)

6 Repeat the question again so I  
7 can -- now that I've read the paragraph again, I  
8 can answer your question.

9 Q. Okay. Is there anywhere in that  
10 document in front of you, a spot where it says,  
11 Cardinal may rely on the due diligence done by  
12 chain pharmacies to determine suspicious orders?

13 MS. WICHT: Object to the form.

14 A. There's not that language, but  
15 there's no language that says that we could not  
16 rely on that either.

17 Q. Okay. So your position is that  
18 because you don't see anything that says you  
19 can't rely on someone else's due diligence, that  
20 it's okay?

21 MS. WICHT: Object to form.

22 Foundation. Calls for a legal  
23 conclusion.

24 A. No. That's -- you're not



1 characterizing my testimony appropriately. What  
2 I said, there's not language here either that  
3 says that we cannot rely on other sources as  
4 part of our due diligence process. And in  
5 communications with the agency, when we told  
6 them we designed our program, they were in  
7 agreement with that.

8 Q. If you would turn to Exhibit 5  
9 again. And you may want to keep that one aside  
10 because we're going to talk about that one quite  
11 a bit today.

12 MS. WICHT: 3, you mean?

13 MR. KROEGER: 5.

14 MS. WICHT: 5.

15 MR. KROEGER: It's P1.4085.

16 BY MR. KROEGER:

17 Q. If you could turn to Page 12.  
18 Down towards the bottom of the full paragraph,  
19 have you heard the name Mike Arpaio before?

20 A. No.

21 Q. I'm going to read this for you.  
22 "DEA staff coordinator Mark -- Mike Arpaio  
23 communicated to Mr. Moné" -- that would be  
24 Michael Moné, wouldn't you imagine?

1                   A.       Yes.

2                   Q.       -- "that due diligence  
3    investigations must be performed on all  
4    customers, chain pharmacies included, when it  
5    appears that suspicious high volume orders are  
6    requested of controlled substances and  
7    questionnaires should be sent to these chains.

8                               "Mr. Moné stated in turn that QRA  
9    is unable to look at chain pharmacy systems in  
10   order to identify problem areas when there is  
11   not an order of interest or their threshold is  
12   not exceeded."

13                              So from this, DEA staff  
14    coordinator Mark -- Mike Arpaio communicated to  
15    Cardinal prior to 2012 that chain pharmacies and  
16    retail -- independent retail pharmacies should  
17    be treated alike, correct?

18                              MS. WICHT:   Object to form.  
19                              Foundation.

20                   A.       I was not a party to that  
21    conversation. I don't have that knowledge of  
22    that that particular conversation occurred, the  
23    time that it occurred. I don't know what role  
24    Mark [sic] Arpaio had in the agency. So I mean,

1 I would be speculating if I gave you an answer.

2 Q. So if -- if the government has  
3 pled in this that Mike Arpaio communicated that  
4 to Mr. Moné, are you sitting here today  
5 disagreeing with that?

6 MS. WICHT: Object to the form.

7 A. I wasn't a party of the  
8 communication between the both of them. You  
9 would have to ask Mark Arpaio and Michael Moné.

10 Q. Did Michael Moné communicate to  
11 you that Cardinal, based on communications with  
12 the DEA, was able to treat chain pharmacies  
13 different than independent retail pharmacies?

14 A. My understanding from Michael,  
15 from the time that I came here, is that we have  
16 reached an agreement with the agency and senior  
17 members of the agency on how we were to manage  
18 our program. We provided a description of our  
19 program, which includes the reliance of  
20 investigations from chain pharmacy as part of  
21 our due diligence process.

22 And to the best of my knowledge,  
23 that agreement was in place in 2012. So I do  
24 not recognize Mark Arpaio's name. I do not

1 recall the conversation -- Michael having a  
2 conversation with Mark Arpaio. I was not a  
3 party in that conversation.

4 Q. You do supervise Michael Moné or  
5 you did at this time, didn't you?

6 A. Yes, I did.

7 Q. Part of your job, within Cardinal,  
8 was to ensure that he was following DEA  
9 regulations, correct?

10 MS. WICHT: Object to the form of  
11 the question.

12 A. My job is to make sure that we  
13 have a system that will have programs to ensure  
14 that we comply with regulatory requirements.

15 Q. And you've talked a bit about the  
16 fact is that it was in 2012 that the DEA  
17 suddenly changed their expectations in terms of  
18 what Cardinal and other distributors had to do;  
19 is that right?

20 A. I think it was a surprise to us  
21 that we got an administrative action against  
22 Cardinal Health, because to the best of our  
23 knowledge, at that time, we were complying, not  
24 only with the regulations, but also with the

1 expectations of the agency.

2 Q. So that surprise came in 2012; is  
3 that what you're saying?

4 A. That surprise came in 2012. Late  
5 2011, when we had an investigational warrant.  
6 We were surprised that we got one because, to  
7 the best of our knowledge, at that time we were  
8 complying with the expectations of the agency  
9 and we were meeting our regulatory requirements.

10 Q. Will you turn to Page 13 of  
11 Exhibit 5. Same one you're on, 4085. Page 13.  
12 Middle of the page, it was in July, July 7th,  
13 2011, that DEA representatives from DEA  
14 headquarters met with Cardinal. And moving  
15 down, "DEA representatives further advised  
16 Cardinal Health that, with respect to their due  
17 diligence responsibilities, Cardinal Health  
18 should examine their Florida customers,  
19 particularly Cardinal Health's retail pharmacy  
20 chain customers."

21 So in July, you were notified --  
22 Cardinal was notified of an issue in Florida,  
23 and specifically about chain customers; isn't  
24 that correct.

1 MS. RANJAN: Object to form.

2 A. I was not a party of that  
3 conversation. I don't know. It doesn't say  
4 between who in DEA and who at Cardinal Health,  
5 so I don't know the facts behind this statement  
6 dated July 7th, 2011.

7 Q. So do you dispute that the letter  
8 was sent from the DEA warning Cardinal about the  
9 chain retail pharmacies in Florida, or do you  
10 just say that as the senior vice president of  
11 QRA, you were unaware of that warning from the  
12 DEA?

13 MS. WICHT: Object to form.  
14 Foundation. Mischaracterizes the  
15 document.

16 MR. KROEGER: Counsel, can we keep  
17 it as object to form, please, as  
18 protocol requires.

19 A. That there was a letter? I mean,  
20 I don't see here there was a letter.

21 Q. I apologize. They advised  
22 Cardinal. The letter came later.

23 Do you deny that DEA  
24 representatives advised Cardinal in July of 2011

1 of their -- with respect to their due diligence  
2 responsibilities that Cardinal should examine  
3 their Florida customers, particularly Cardinal  
4 Health's retail pharmacy chain customers?

5 A. I cannot --

6 MS. WICHT: Object to form.

7 A. I cannot confirm or deny that  
8 particular statement, but I can tell you, me  
9 personally, if I was DEA and they were having  
10 problems with a compliance program, it would  
11 have taken a single call for them to tell me  
12 that they had concern. They never did that.  
13 And I called DEA more than once, and those calls  
14 were never returned to me.

15 Q. And then on -- if you move down  
16 the next paragraph, after a meeting that DEA had  
17 with Mallinckrodt, Mallinckrodt sent a letter to  
18 43 distributors, including Cardinal Health.  
19 "The letter stated that it was no longer  
20 processing chargebacks from distributor sales of  
21 Mallinckrodt's product to certain pharmacies,  
22 including Gulf Coast Pharmacy."

23 Moving down that they "made our  
24 decision based on our recent site visits to

1     these locations and suggested that if you have  
2     sold controlled substances to any of these  
3     pharmacies, you consider conducting an on-site  
4     audit as part of your suspicious order  
5     monitoring program."

6                     Do you recall receiving that  
7     letter from Mallinckrodt?

8             A.     I remember Cardinal Health  
9     having -- communications with Cardinal Health,  
10    including several letters that they sent.

11            Q.     Warning you of particular  
12    customers?

13                     MS. WICHT: Object to the form.

14            A.     Which in every single case, those  
15    customers were investigated and decisions were  
16    made whether or not to continue doing business  
17    with those customers. The particular one that  
18    is mentioned in this letter, Cardinal Health  
19    terminated that customer.

20            Q.     And what investigations did  
21    Cardinal Health do before Mallinckrodt told them  
22    that they were going to cut off their  
23    chargebacks if they didn't investigate Gulf  
24    Coast?



1                   A.       We --

2                               MS. WICHT:   Object to the form.

3                   A.       We -- I think, for this particular  
4   customer, recall, we had multiple site visits  
5   and investigations.

6                   Q.       None of which led to termination  
7   until after Mallinckrodt's letter?

8                   A.       I'm not sure if we cut them before  
9   Mallinckrodt letter or after Mallinckrodt  
10   letter, but I can tell you, we investigated  
11   every time that Mallinckrodt had a concern  
12   because they had better visibility than us on  
13   the purchases of drugs from pharmacies.

14                               And every time, every single time  
15   that we were told that they had a concern about  
16   a pharmacy, we investigated the pharmacy and we  
17   made a conclusion whether or not we should  
18   continue doing business with that pharmacy  
19   because that pharmacy represented a potential  
20   for diversion.

21                   Q.       And I want to go back to 2010,  
22   because you had additional notice of the issues  
23   in Florida besides the DEA communication to  
24   you -- to Cardinal, the letter from

1 Mallinckrodt.

2                   You yourself were aware of some  
3 issues that CVS in particular had in Florida,  
4 weren't you?

5                   MS. WICHT: Object to the form of  
6 the question.

7                   A. I was concerned about some of the  
8 trends that we were seeing in some of the CVS  
9 Florida pharmacy.

10                                   - - -

11                   (Cardinal-Quintero Exhibit 6 marked.)

12                                   - - -

13 BY MR. KROEGER:

14                   Q. I'm going to hand you what has  
15 been marked as Exhibit 6. It's P1.3778.

16                   MR. HUNTER: Can you provide the  
17 Bates number, please?

18                   MR. KROEGER: Yes. It's  
19 CAH\_MDL2804\_00704499 the underscores  
20 between CAH, MDL, and then 280400.

21                   A. (Witness reviews document.)

22                   Q. Mr. Quintero, have you had a  
23 chance to look at the document?

24                   A. Yes.

1 Q. Do you recognize that?

2 A. I recognize as a document that  
3 Nick Rausch may have sent to me. Do not recall  
4 all of the details of it.

5 Q. September 19th, 2010 is when  
6 Mr. Rausch sent this to you, correct?

7 A. Yes. From Nick Rausch to me and  
8 Michael Moné, yes.

9 Q. Yes. And if you'll turn to Page 4  
10 of the document, it's an analysis of SOM events.  
11 And "SOM" is suspicious order monitoring?

12 A. Yes. Threshold events, yes.

13 Q. Can you read the first bullet  
14 point for me, please.

15 A. "August 2010 experienced a  
16 19 percent increase in the number of SOM events  
17 when compared to previous four months."

18 Q. And the underlying reasons for the  
19 increase include -- can you read the next?

20 MS. RANJAN: Object to form.

21 MR. KROEGER: Who's objecting?

22 MS. RANJAN: Brandy.

23 Q. You can go ahead.

24 THE WITNESS: Do I go ahead?

1                   Somebody objected?

2                   MS. WICHT: Yes. She objected to  
3                   the form. I think he's just asking you,  
4                   as I understand it, to read the text  
5                   that's on the page.

6                   A. Oh, the text, okay.

7 BY MR. KROEGER:

8                   Q. Yes. "The underlying reasons for  
9                   increase include," and then if you could read  
10                  after that.

11                  A. So jumping to the third bullet,  
12                  "Underlying reasons for the increase include:  
13                  Increased number of SOM events within national  
14                  chain segment, specifically CVS; increase in  
15                  demand of oxycodone products (reformulation of  
16                  Oxycontin); AAP, which is a GPO, continued  
17                  increase in controlled substances demand;  
18                  competitive pricing, changes drove increased  
19                  demand; increased demand in Florida -- Lakeland  
20                  had twice the number of SOM events as any other  
21                  distribution center."

22                  Q. So as of September of 2010, you  
23                  were aware, based on this slide sent from Nick  
24                  Rausch to you, that there were increased SOM

1 events and that in particular, Lakeland had  
2 twice the number of SOM events as any other  
3 distribution center in Cardinal's centers?

4 A. I was aware of this, yes. I was  
5 aware of this document.

6 Q. Okay. And because of this  
7 agreement you think that you had with the DEA,  
8 there was no additional due diligence you needed  
9 to do with regard to CVS because they were a  
10 chain pharmacy, correct?

11 MS. WICHT: Object to form.

12 Foundation. Mischaracterizes.

13 A. I disagree with that. Something  
14 that is not included in this is that in -- I  
15 don't believe -- I don't recall it was 2009,  
16 2010, Florida didn't allow prescribing  
17 physicians to dispense C2 products in the  
18 doctor's office, so that volume went to some  
19 pharmacies, including some national pharmacies,  
20 some retail pharmacies.

21 However, I will have to say that  
22 we took this seriously and we increased our  
23 scrutiny of Florida stores, including chains.

24 Q. And when you say that Florida

1 prohibited doctors from prescribing and  
2 dispensing the drugs at the same time --

3 A. They could prescribe, but I  
4 believe they were not allowed to dispense  
5 drugs -- controlled substances that are C2s. I  
6 don't recall the schedules that were included,  
7 but I remember C2 were one of them.

8 Q. And those --

9 MS. WICHT: Mr. Quintero, I'm  
10 sorry, could you -- the videographer is  
11 asking if you could move your microphone  
12 up just a little bit, please, because I  
13 think it's rubbing when you're sitting.

14 THE WITNESS: A little bit more?

15 Can you hear me okay? Okay.

16 BY MR. KROEGER:

17 Q. What you're talking about are the  
18 illicit pain clinics we were talking about  
19 earlier today that you said you're not an expert  
20 so you can't say whether or not they were a  
21 cause of the opioid epidemic?

22 A. Well, I wouldn't say --

23 MS. WICHT: Object to the form of  
24 the question.

1           A.     I would be speculating it was in  
2     at least the pain clinic. I think that law  
3     applied to all physicians.

4           Q.     And as the person who was brought  
5     in by Cardinal to help improve and make a more  
6     robust system for anti-diversion, you would  
7     agree, wouldn't you, that the reason, or one of  
8     the reasons, that Florida may have enacted such  
9     a law would be because a lot of people were  
10    illegitimately getting controlled substances  
11    through those pain clinics, wouldn't you?

12                   MS. WICHT: Objection to form.  
13                   Foundation. Speculation.

14           A.     I don't know the reason why the  
15    Florida legislature implemented that. We had to  
16    adapt to that reality. I'm assuming that that  
17    also limited the ability of oncologists to  
18    dispense pain medication to cancer patients.

19           Q.     Okay. But as the senior vice  
20    president of QRA brought in, you would agree  
21    that a tremendous amount of illegitimate  
22    controlled substances were gained through those  
23    pain clinics, wouldn't you?

24                   MS. WICHT: Object to the form.

1           A.     I wouldn't say that all of that  
2     volume went to pharmacies.  Actually, in a  
3     deposition made by Joe Rannazzisi to Congress,  
4     he said 99 percent of the pharmacies do good  
5     business and they fill prescriptions for  
6     legitimate medical use.

7           Q.     That's not my question in the  
8     slightest.

9           A.     What was your question?

10          Q.     As the senior vice president of  
11     QRA, would you agree, and in your role -- many  
12     roles you've had overseeing anti-diversion,  
13     would you agree that those pain clinics where  
14     there was a doctor prescribing and dispensing  
15     and they were shut down, would you agree that  
16     those were a large contributor to the  
17     illegitimate opioid products getting into the  
18     country?

19                   MS. WICHT:  Object to form.

20          A.     I wouldn't know what the  
21     percentage of the pain clinics were doing  
22     illicit business versus doing business that were  
23     not in the best interests of patient.  I  
24     couldn't tell you that number.



1           Q.     And since you couldn't tell me  
2     that number, you also couldn't tell me how many  
3     of those illegitimate patients were now getting  
4     their drugs from CVS, could you?

5                     MS. WICHT:   Object to form.  
6                     Foundation.

7           A.     There's no way for us to know the  
8     reasons why patients are getting their  
9     medications -- I mean, there is government  
10    regulations that prevent us from having access  
11    to individuals' medical records.

12                                 - - -

13                     (Cardinal-Quintero Exhibit 7 marked.)

14                                 - - -

15   BY MR. KROEGER:

16           Q.     I hand you Exhibit 7.   It's 3786.  
17   The Bates is CAH\_MDL2804\_01103874.

18           A.     Uh-huh.

19           Q.     If you would take a look at that  
20   document for me, please.

21           A.     (Witness reviews document.)

22                     Yep.

23           Q.     And this is another e-mail sent  
24   from Nick Rausch to you in 2010; is that right?

1 A. Correct.

2 Q. October 22nd, 2010, Nick sent this  
3 to you?

4 A. Correct.

5 Q. And on Page 2, you see a specific  
6 pharmacy that this is in relation to, don't we?

7 A. Yeah. It's pharmacy -- CVS  
8 Pharmacy 219.

9 Q. That's a familiar number, right?

10 A. Yep.

11 Q. So as early as October of 2010,  
12 you had asked for and received information  
13 specific to this one pharmacy in Sanford,  
14 Florida, correct?

15 A. Uh-huh.

16 MS. WICHT: Object to the form.

17 Q. And that pharmacy, as you'll see  
18 on Page 2, had high quantities when compared to  
19 other CVS stores, high quantities of oxycodone,  
20 correct?

21 A. Correct.

22 Q. In fact, they had 2800 percent  
23 more than average CVS store over the past three  
24 months, 725,000 units of oxycodone compared to

1 average of 25,000. Correct?

2 A. Correct.

3 Q. So when you received this  
4 information in 2010, did you report 219 to the  
5 DEA?

6 A. No. We requested to have the  
7 meeting with CVS to better understand why this  
8 particular pharmacy had an increase in the  
9 purchase of some controlled substances. CVS  
10 committed to do a thorough investigation on the  
11 reasons why, and they provided us with a  
12 statement on why those particular stores were  
13 buying more than the average CVS store.

14 Q. Okay. If you'll go back to  
15 Exhibit 5 for me. It's the 4085. And you'll  
16 turn to Page 27, please. It's the large one  
17 we've been doing.

18 A. Uh-huh.

19 Q. If you will turn to Page 27, I  
20 think we can find the text of that response.

21 A. 27?

22 Q. Yes, sir.

23 You see at the top how it says,  
24 "Carter will also testify"? I just want to make

1     sure we're on the same page.

2             A.     Yes, we're on the same page.

3             Q.     And this is in regard to CVS 219

4     and an e-mail dated September 30th, 2010.

5     Skipping down to the middle of the paragraph,

6     the e-mail stated that, "At that time, CVS

7     experienced an increase in sales of oxycodone

8     due to the DEA closing stores in the area.

9     Again earlier this week, because of our request,

10    he sent another e-mail to LP (loss prevention)

11    asking them to take a fresh look. He received a

12    response yesterday and they have reviewed the

13    store's activities and they have been closely

14    monitoring store 219 for a couple of weeks.

15                   "None of these stores show

16    significant growth or shrink issues. They

17    acknowledge that Florida has been cracking down

18    on 'pill mills' and that is driving more

19    legitimate traffic to CVS stores."

20                   Is this the response you're

21    talking about?

22                   MS. WICHT: Object to form.

23             A.     This is some of the language that

24    was used in -- I believe in a memo that was sent

1 back to us.

2 Q. What's a "pill mill"?

3 A. My understanding of a pill mill is  
4 a pharmacy that may fill some of their  
5 prescriptions for other than legitimate medical  
6 use. But that there's a language here that it  
7 was driving legitimate traffic to the CVS  
8 stores.

9 Q. So Florida cracks down on pill  
10 mills, which you acknowledge are places where  
11 illegitimate pills may be sold, right?

12 A. Could be part of the sales of that  
13 particular store maybe for legitimate medical  
14 reasons and not for legitimate medical reasons.

15 Q. Florida cracks down on those pill  
16 mills and then suddenly CVS has a growth in  
17 business?

18 MS. WICHT: Object to the form.

19 A. If there's less pharmacies in the  
20 area, I'm assuming that some of that will drive  
21 legitimate traffic to the CVS stores.

22 Q. So if the flow of opioids going to  
23 pill mills is diverted by the government  
24 shutting them down, then that flow is going to

1 go to CVS? Would you agree?

2 MS. WICHT: Object to the form of  
3 the question.

4 A. I wouldn't say that would be the  
5 case. I'm assuming the pharmacists at CVS were  
6 doing their correspondence responsibility in  
7 determining whether or not those particular  
8 scripts were for legitimate medical purposes and  
9 that the traffic -- that additional traffic that  
10 they were getting was as a result of other  
11 stores in the area that had been closed. That  
12 may have had legitimate traffic as well as  
13 traffic that is illegitimate.

14 Q. So you're agreeing, then, that  
15 there may be illegitimate traffic that had gone  
16 to CVS as a result of the pill mills?

17 A. No, I never said that.

18 MS. WICHT: Object to the form of  
19 the question.

20 A. I never said that. I said that,  
21 you know, my understanding at that time was that  
22 the pharmacist at CVS was doing their  
23 corresponding responsibility, and according to  
24 the text, is that they -- if the traffic that

1 was getting to the CVS stores were legitimate  
2 traffic, as stated here by -- this document, I  
3 think, came from Ruth Carter.

4 Q. So as a senior vice president of  
5 QRA, responsible for the entire anti-diversion  
6 program of Cardinal Health, is it your testimony  
7 that when Florida shuts down these pill mills  
8 that you acknowledge are a source of  
9 illegitimate opioids, that the resulting flow of  
10 opioid patients, people getting opioids, only  
11 the legitimate people go to CVS?

12 MS. WICHT: Object to the form.

13 A. The illegitimate?

14 Q. The legitimate.

15 A. Well, I couldn't tell -- I  
16 couldn't answer that question, but I can answer  
17 that, in addition to this document that we got  
18 from CVS, I sent one member of my staff to park  
19 in front of store 219 and determine whether  
20 there were obvious signs of diversion, like cars  
21 with license plates from out of states, long  
22 lines. And when he came back to me, he said, I  
23 did not see anything unusual in 219.

24 Q. What time did he go? What time of

1 day did he go?

2 A. I don't recall the time. I cannot  
3 tell you from the top of my head.

4 Q. Morning, afternoon, evening?

5 MS. WICHT: Object to form.

6 A. I cannot remember from the top of  
7 my head when he go, but when he went there --  
8 and he was there for a period of time -- he did  
9 not observe a single sign of diversion. So I  
10 mean, I trust his judgment, I -- that his  
11 opinion, with the language that we got from CVS,  
12 led me to believe that that store at that  
13 particular time was operating as any good  
14 pharmacy should operate.

15 Q. A store that had a 2800 percent  
16 more oxycodone over three months than the  
17 average CVS, and you as the senior vice  
18 president of QRA for Cardinal Health took CVS's  
19 word and one site visit to determine that it was  
20 all legitimate traffic?

21 MS. WICHT: Object to the form.

22 Mischaracterizes.

23 A. Based on the information that I  
24 received from CVS, as well as our own site



1 visit, we did not have a reason to believe that  
2 CVS 219 was filling prescriptions other than for  
3 legitimate medical purposes.

4 Q. And who did the site visit?

5 A. Chris Forst.

6 Q. And you don't know what time of  
7 day Chris Forst went?

8 A. Don't recall.

9 Q. Are you aware that this CVS was  
10 selling so much oxycodone that they regularly  
11 ran out before noon?

12 MS. WICHT: Object to the form.

13 A. I don't know that.

14 Q. Okay. As senior vice president of  
15 QRA, shouldn't you?

16 MS. WICHT: Object to form.

17 A. I don't monitor when drugs are  
18 being dispensed. I don't think that that is  
19 possible to do.

20 Q. To be clear, are you saying it's  
21 not possible for Cardinal to monitor when drugs  
22 are being sold? Is that what you just said?

23 A. You will have to have --

24 MS. WICHT: Object to form.

1           A.     You will have to have somebody in  
2     front of the store 24/7 to see when the drugs  
3     are being filled. If you want me to tell you,  
4     you know, my assumption is, customer goes to  
5     pharmacies throughout the day, not only at one  
6     particular time. I don't even remember if these  
7     are 24-hour stores or not. Could be. But it  
8     would require having a member of my staff in  
9     front of each single pharmacy in the United  
10    States to see the dispensing patterns of all  
11    those stores.

12           Q.     Or it might just require some due  
13    diligence; would you agree?

14                   MS. WICHT6: Object to the form.

15                   Is that a question?

16                   MR. KROEGER: It is. I said  
17                   "would you agree."

18                   MS. WICHT: Object to the form.

19                   Why don't you answer that before  
20                   you -- or --

21           A.     We did our due diligence.

22                                 - - -

23                   (Cardinal-Quintero Exhibit 8 marked.)

24                                 - - -

1 BY MR. KROEGER:

2 Q. I've handed you 3782,

3 CAH\_MDL2804\_01087475.

4 THE WITNESS: Is that this one?

5 MS. WICHT: Yes, that's this

6 document. That was the number that he

7 read in, I believe.

8 THE WITNESS: Okay.

9 BY MR. KROEGER:

10 Q. Do you have 3782 at the top?

11 A. Yep.

12 Q. Okay. We can walk through this.

13 This is -- can you tell who this e-mail is from?

14 A. This is from Nick Rausch.

15 Q. When did he send it to you?

16 A. Sent it to me in -- on March 22,

17 2012.

18 Q. And what is it exactly that he is

19 sending you?

20 A. Sending me a PowerPoint

21 presentation of CVS stores that were being

22 reviewed.

23 Q. When were they being reviewed?

24 A. I'm assuming in -- when he sent me

1 the e-mail.

2 Q. Okay. And that's -- I wanted to  
3 try to clarify. So if you could stay on the  
4 first page real quick. Just -- I want to make  
5 clear what this is.

6 It says, "Gilberto, per your  
7 request, attached please find the presentation  
8 prepared for the December 2010 meeting with  
9 CVS."

10 A. Okay. So it's likely that it was  
11 for a presentation that we made to CVS in 2010.

12 Q. Do you remember that meeting in  
13 2010 that you had with CVS?

14 A. Yes, I remember that meeting.

15 Q. And the purpose of that meeting  
16 was what?

17 A. Was to discuss with CVS our -- I  
18 need to -- can I go over the slides just to  
19 refresh my mind first?

20 Q. Absolutely.

21 A. (Witness reviews document.)

22 (Pause in proceedings.)

23 A. Yes.

24 Q. Do you recall this presentation?

1           A.     Yeah, I remember this presentation  
2     now.

3           Q.     And this was from a meeting that  
4     you were personally at with CVS in 2010?

5           A.     I was with Michael Moné and some  
6     of the members of the CVS management team.

7           Q.     But you were personally there?

8           A.     I was there.

9           Q.     Okay. And it was December of 2010  
10    that you had the meeting?

11          A.     It appears that was the date. I  
12    don't have any reason to believe that it did not  
13    occur during December 2010.

14          Q.     If you turn to Page 5 of this.

15          A.     You asked me first, and I didn't  
16    answer your question, which I don't know if I  
17    should, is what was the purpose of the meeting.

18          Q.     Go ahead.

19          A.     Do you want me to answer that  
20    question?

21          Q.     Sure.

22          A.     Should we -- sorry about that.

23                   MS. WICHT: I won't object to the  
24    witness' own question. That's okay.

1 Go ahead.

2 A. The purpose of the meeting was to  
3 go over our program with CVS and provide them  
4 with a few of -- some stores that we needed more  
5 information.

6 Q. Okay. And on Page 5, CVS stores  
7 created 468 suspicious order monitoring events  
8 in 2010.

9 A. Uh-huh.

10 Q. How many of those were resolved  
11 with the order being released?

12 A. I could not say that.

13 Q. If you look down the slides, you  
14 can.

15 A. I guess, according to this  
16 document, it's 90 percent of them were reviewed  
17 and resolved and the order was released.

18 Q. So that means that there was a  
19 suspicious order monitoring event and -- 468 of  
20 them, and 90 percent of the time those orders  
21 were reviewed and released, correct?

22 A. According to this document, that's  
23 what it says, yes.

24 Q. And 6 percent of the 468

1 suspicious order monitoring events were  
2 confirmed order entry errors; is that right?

3 A. That's what it says there.

4 Q. So then, does that mean that only  
5 4 percent of the 468 suspicious order monitoring  
6 events had any issue at all that was suspicious?

7 MS. WICHT: Object to the form of  
8 the question.

9 A. I wouldn't say that the event  
10 itself, just by hitting the threshold was  
11 suspicious, it required the analysts or the  
12 investigators to do additional evaluation and do  
13 that determination.

14 Q. Do you know what evaluation they  
15 did?

16 A. I don't recall. This was -- this  
17 happened in 2010, so I don't recall exactly what  
18 was going on. I recall that we requested CVS  
19 additional information about the stores that are  
20 listed in this document.

21 Q. So if we turn to Page 11, CVS  
22 pharmacy 1136, November of 2010.

23 Do you see that?

24 A. Uh-huh.

1 Q. November of 2010, quantity is 537  
2 percent above CVS store monthly average of 8300  
3 dosage units.

4 A. Uh-huh.

5 Q. That caused concern?

6 MS. WICHT: Object to the form.

7 Q. That caused Cardinal some concern,  
8 didn't it?

9 A. That caused, you know, us being  
10 concern of wanting to have more information  
11 about that particular store.

12 Q. And if that had been an  
13 independent retail pharmacy, would you have  
14 asked that independent retail pharmacy the  
15 reason, or would you have done your own due  
16 diligence?

17 MS. WICHT: Object to form.

18 A. We would have first called the  
19 pharmacy to try to understand the reason.

20 Q. And if they gave you any reason at  
21 all, would you just accept it?

22 MS. WICHT: Object to form.

23 A. Depending on the reason that it is  
24 and whether or not it seems credible or not.



1                   Q.     What's a credible reason for 537  
2     percent above the monthly average of 8300 dosage  
3     units?

4                   MS. WICHT:   Object to form.

5                   A.     There could be many valid reasons.  
6     I don't know for this particular one, but I can  
7     tell you that sometimes, pharmacies take over  
8     hospices to provide drugs to cancer patients  
9     that are about to die and they have a new  
10    account with a hospice, or there may be a new  
11    hospital opening nearby.  There are many -- it  
12    could be they bought, you know, the script  
13    from -- the account from other pharmacies that  
14    closed in the nearby area.

15                  Q.     Okay.

16                  A.     So there are many reasons for  
17    that.  And these particular reasons, I do not  
18    recall from the top of my head.

19                  Q.     As senior vice president of QRA at  
20    the time, is that something you would like to  
21    have known?

22                  MS. WICHT:   Object to form.

23                  A.     Our process, as I described  
24    before, and during this deposition, is we had an

1     agreement with DEA that we will use the  
2     investigations from the chain pharmacies to help  
3     us reach our own conclusions.

4                     In this particular case, I  
5     remember asking the members of the CVS staff to  
6     do an investigation of all these particular  
7     stores and to get to me back in writing the  
8     conclusions of their investigations, which they  
9     did at a future date.

10            Q.     Okay. To try to summarize what I  
11    think you just said -- I want to be clear -- it  
12    sounds to me as if you're saying that you  
13    believed the DEA had told Cardinal that you  
14    could rely on CVS to do the due diligence as to  
15    these kinds of suspicious orders, and because of  
16    that agreement with the DEA, CVS gave you a  
17    reason that you found sufficient, then you  
18    needed to do nothing more?

19                     MS. WICHT: Object to form.

20            A.     I'm not saying that. In many  
21    cases we did more investigation, our own  
22    investigations, like what I showed you in 219.  
23    CVS gave us a reason. I wanted to confirm that  
24    the reason was credible, so I sent my own

1 investigator to CVS 219 to do a surveillance  
2 inspection of that particular pharmacy, and he  
3 didn't find a single sign of diversion at that  
4 time.

5 Q. Okay. If you turn to Page 12 for  
6 me, please. This is another CVS. CVS Pharmacy  
7 0174. And another November 2010 quantity. This  
8 one is 6977 percent above CVS store monthly  
9 average of 700. And that causes Cardinal some  
10 concern, doesn't it?

11 MS. WICHT: Object to form.

12 A. It gave us concern and we wanted  
13 to know the reasons why the store had an  
14 increased volume for particular controlled  
15 substances. We wanted an explanation --  
16 investigation and an explanation in writing from  
17 CVS, which they submitted at a later time.

18 Q. And in this particular case, store  
19 174, over 60 percent of purchases are for  
20 controlled substances.

21 Would that be a red flag to you?

22 A. Not necessarily, because CVS  
23 warehouses all their noncontrolled substances.  
24 We only sell a fraction of what CVS store sells

1 in their stores. But they do not have a vault,  
2 so we are their primary supplier of controlled  
3 substances, at least for those stores in that  
4 region of the country.

5 Q. So because they don't have a  
6 vault, a nearly 7,000 percent over monthly  
7 average isn't concerning?

8 A. That was --

9 MS. WICHT: Object to form.

10 A. That wasn't the question that you  
11 asked me. You asked me if 60 percent of the  
12 purchases, if that was concerning that they were  
13 controlled substances. And I said, probably not  
14 because we had the agreement with CVS because  
15 they don't a vault, we supply all of their C2.  
16 They supply most of their other drugs out of  
17 their own warehouses.

18 Q. Including, at that time,  
19 hydrocodone?

20 A. I don't recall at that time if  
21 that particular warehouse that CVS was using had  
22 a vault.

23 Q. And if you'll turn to Page 13.  
24 Again, another CVS with, this time, 453 percent

1     above CVS store monthly average of dosage units  
2     of oxycodone.   Right?

3             A.     Yep.   That's what it says in the  
4     document.

5             Q.     And that caused you concern, is  
6     Cardinal Health distributing that much oxycodone  
7     to a single CVS store?

8             A.     The increase gave us concern.  
9     That's why we met with CVS.   We expressed our  
10    concerns, and we requested an investigation of  
11    these stores that are listed in this document.

12            Q.     And on Page 14, CVS 3639 had a 244  
13    percent above CVS monthly average of 8,300; is  
14    that right?

15            A.     Correct.   That's what it says in  
16    the document.

17            Q.     And again, that caused Cardinal  
18    concern?

19            A.     All the stores that are presented  
20    in this document we highlighted as stores that  
21    we needed more information from CVS.

22            Q.     Okay.

23            A.     So the answer is the same for all  
24    the stores.   We wanted to have additional

1 information from CVS. Our system were to  
2 identify stores that we needed additional  
3 information, and according to our process and  
4 the agreement that we had with the agency, we  
5 executed that. And on top of that, we sent  
6 people with some of the stores to do  
7 surveillance inspections.

8 Q. And some of these stores in  
9 particular?

10 A. Well, I don't know if this store,  
11 but some of the CVS stores we have performed  
12 surveillance inspections.

13 Q. Well, these are the stores that in  
14 December of 2010 you thought suspicious enough  
15 that you wanted to bring it to CVS's attention  
16 directly, right?

17 A. Yep. And --

18 MS. WICHT: Object to the form of  
19 the question.

20 A. -- these were stores that the data  
21 provided here gave -- an analysis that we did  
22 highlighted these stores as stores that we  
23 needed additional information and that we  
24 requested additional information from CVS. We

1 requested for them to do an investigation of  
2 each one of those stores and to provide us with  
3 the conclusion of their investigation.

4 Q. And for any of these stores, did  
5 Cardinal do any of its own due diligence, aside  
6 from asking CVS?

7 MS. WICHT: Object to the form.

8 A. Right now, I recall me asking  
9 about going to 219, but I'm not in a position to  
10 say whether or not we went to any of these  
11 stores. Michael Moné may have made that  
12 request. Nick Rausch may have made that  
13 request. I do not remember that. I do not  
14 know.

15 Q. Anything besides site visits that  
16 you can recall for any of these stores that  
17 Cardinal did with regard to due diligence?

18 A. I know there were conversations  
19 between Michael and members of the CVS  
20 anti-diversion program.

21 Q. And all of that would be  
22 documented in the due diligence files for each  
23 of these stores?

24 MS. WICHT: Object to the form.

1           A.     I cannot tell you whether or not  
2     we documented every single conversation that we  
3     had with CVS.

4           Q.     Can you tell me that Cardinal  
5     documented the due diligence that you did with  
6     regard to these stores?

7           A.     We documented, you know --

8                     MS. WICHT: Object to the form.

9           A.     -- the outcome of our presentation  
10    to CVS and also the conclusion of their  
11    investigation. I know that for a fact, because  
12    I remember seeing those documents. Anything  
13    else, I'm not into the day-to-day execution of  
14    the program, so you're asking me for questions  
15    that are based on day-to-day execution, and I'm  
16    not the best person to answer those.

17          Q.     No. But you, at this time,  
18    oversaw all of those people and were responsible  
19    for them following the law, weren't you?

20          A.     I over --

21                     MS. WICHT: Object to the form of  
22    the question.

23          A.     I oversee over 2,000 people in my  
24    department. I don't have intimate knowledge of



1     what each one of those members in my department  
2     execute on a daily basis.

3                 Q.     Ultimately, the responsibility  
4     comes all the way up to you for them doing their  
5     job correctly, though, doesn't it?

6                 A.     I have responsibility --

7                         MS. WICHT:   Object to the form.

8                 A.     I have responsibility for having  
9     programs to help Cardinal Health meet all of the  
10    regulatory requirements.

11                Q.     Okay.   And so you said for each of  
12    these stores, you -- the purpose of this meeting  
13    was to have CVS look into these stores and then  
14    they would let you know what they found?

15                A.     Correct.

16                Q.     And that was the due diligence you  
17    were going to do for these particular stores, to  
18    your knowledge?

19                       MS. WICHT:   Object to form.

20                A.     Based on the agreement that we had  
21    with DEA in 2009, the process was, when we had a  
22    concern about a chain store is to have the chain  
23    stores perform an investigation on any pharmacy  
24    that belonged to them that we had, you know, the

1     need for additional information.

2                   Q.     Okay.  And after that December  
3     2010 meeting, CVS got back to you with the  
4     results of their investigation, correct?

5                   A.     CVS wrote us a memo.

6                                 - - -

7                   (Cardinal-Quintero Exhibit 9 marked.)

8                                 - - -

9     BY MR. KROEGER:

10                  Q.     I'm going to hand you what's been  
11     marked as Exhibit 9.  It's 4334.  It is  
12     CAH\_MDL\_PRIORPROD\_DEA12\_00011853.

13                  A.     Uh-huh.

14                  Q.     If you would look at that,  
15     Mr. Quintero.  Is this the memo that you're  
16     talking about that CVS got back to you?

17                  A.     (Witness reviews document.)

18                                 (Pause in proceedings.)

19                  A.     Yes, this is the -- one of the  
20     memos that I'm talking about.

21                  Q.     Were there any other memos that  
22     they may have sent?

23                  A.     I wouldn't know, but I remember  
24     seeing this particular one.

1           Q.     And if they had sent any other,  
2     would those go in the due diligence files for  
3     those particular stores?

4           MS. WICHT:   Object to the form.

5           A.     I'm assuming they are in the  
6     possession of somebody at Cardinal Health.  I  
7     would assume that.

8           Q.     But this isn't something that  
9     would go into a due diligence file for store  
10    174, for instance?

11          A.     It will go to -- it will be filed.  
12    But like I told you before, I don't have an  
13    intimate knowledge of what -- every single  
14    activity that is done out of the 2000 people  
15    that report into my organization.  So my  
16    assumption is they have some kind of filing  
17    system, and I recall this document.  This  
18    document was important to me because I was part  
19    of that meeting, so I requested to see this  
20    document.

21          Q.     And as senior vice president of  
22    QRA for Cardinal at this time, you don't know  
23    what goes into the due diligence files?

24          A.     I know --

1 MS. WICHT: Object to form.

2 A. I know information that goes into  
3 the due diligence file, but you were asking me  
4 if every single document goes into due diligence  
5 file, and I couldn't tell you that.

6 Q. So you know what goes into it but  
7 you don't know what doesn't go into it?

8 MS. WICHT: Object to the form.

9 Q. I'm unclear.

10 A. Unclear about what?

11 Q. About what you mean when you say  
12 you know what goes into the due diligence files  
13 but you don't know if this would have gone into  
14 it or not.

15 A. I know about the content of some  
16 due diligence files because I have seen some of  
17 the due diligence files. Can I tell you that I  
18 know every single document that goes into a due  
19 diligence files? I don't think that I can tell  
20 you that.

21 Q. And after you had this  
22 presentation -- or Cardinal had this  
23 presentation with CVS in December of 2010, CVS,  
24 as we go down to the last two paragraphs of this

1 page, Page 1, they let you know that they --  
2 that teams interviewed pharmacy staff, reviewed  
3 controlled substance ordering, receiving and  
4 dispensing procedures, controlled substance  
5 records and reports and security. The teams  
6 also audited certain drugs.

7 Do you know which drugs?

8 A. No, I don't know what drugs they  
9 were referring to.

10 Q. Okay. But CVS let you know that  
11 they audited certain drugs?

12 A. They did that.

13 Q. Do you know which pharmacy staff  
14 they interviewed?

15 A. In the previous paragraph that you  
16 are not reading, it says they met with CVS  
17 stores 0174, Daytona Beach; 1136 in Homestead;  
18 2732 Hollywood; 2848 in Pompano Beach; and  
19 3939 -- 36 -- pardon me, 3639 in Bushnell.

20 I'm assuming -- the assumption is  
21 that they visited those stores and they talked  
22 to personnel from those stores, including  
23 pharmacy staff, according to the previous  
24 paragraph.

1           Q.     Right. But you don't know which  
2     pharmacy staff at those various stores that they  
3     talked to?

4           A.     It indicates pharmacy staff.

5           Q.     And my question to you is: Do you  
6     know which pharmacy staff they spoke to at those  
7     stores?

8           A.     I could not tell you. I would be  
9     speculating if I tell you which pharmacy staff.

10          Q.     But you're aware there are  
11     multiple different types of jobs and roles and  
12     positions in a pharmacy, right?

13                   MS. WICHT: Object to the form.

14          A.     In a pharmacy, there may be  
15     different people at the pharmacy.

16          Q.     Pharmacists in charge, or  
17     pharmacist tech; any number of different  
18     positions in a pharmacy, right?

19          A.     Uh-huh.

20          Q.     But you can't say which of those  
21     staff members CVS may or may not have spoken to  
22     at these stores?

23                   MS. WICHT: Object to the form.

24          A.     Or in the previous paragraph, two

1 paragraphs before that, they talk about meeting  
2 with the pharmacist at the site to make sure  
3 that they understood, you know, the  
4 dispensing --

5 Q. Go ahead and read directly from  
6 it, if you don't mind.

7 A. "Since our meeting, CVS has  
8 undertaken action to address your concerns about  
9 those specific pharmacies to address suspicious  
10 ordering and dispensing generally. CVS has  
11 distributed guidelines that reinforce the  
12 company's position that pharmacists use their  
13 professional judgment when determining whether  
14 to fill prescriptions.

15 "The guidelines identify  
16 inappropriate prescription-seeking behavior and  
17 advise pharmacists how to minimize risk of  
18 dispensing for other than legitimate  
19 prescriptions."

20 Q. So this paragraph doesn't say that  
21 CVS went and interviewed pharmacists; it says  
22 that it sent guidelines to those pharmacists,  
23 correct?

24 MS. WICHT: Object to the form.

1           A.     My assumption, when reading the  
2     letter, is that the team interviewed pharmacy  
3     staff included pharmacists, because they're the  
4     one dispensing the product.

5           Q.     But you don't know that based on  
6     what CVS told you, do you?

7           A.     I think that would be a good  
8     assumption to make, based on this memo.

9           Q.     So when you take the time to meet  
10    with CVS, present to them a number of stores  
11    that cause Cardinal concern, you as a senior  
12    vice president of QRA feel comfortable basing  
13    your decision to continue shipping to these  
14    stores on an assumption that they must have  
15    talked to the pharmacist?

16                   MS. WICHT: Object to form.  
17                   Mischaracterizes.

18           A.     It is not -- not on the  
19    assumption. This is based on the facts that CVS  
20    conducted an investigation of those particular  
21    pharmacies and that they deemed that those  
22    pharmacies were dispensing product for  
23    legitimate medical purpose.

24           Q.     What receiving --



1           A.     As stated in the last paragraph of  
2     Page 1.

3           Q.     We'll get there.  
4                   What receiving and dispensing  
5     procedures did CVS review with -- in this  
6     investigation?

7           A.     I don't know the details of that.  
8     I wasn't there during the investigation.

9           Q.     No, you weren't.  
10                  What controlled substance records  
11     and reports did they review?

12          A.     I wasn't there during the  
13     investigation, so I cannot tell you that.

14          Q.     What security did they review?

15          A.     I cannot tell you that because I  
16     was not part of the investigation.

17          Q.     But CVS told you that they did  
18     some sort of a review of all of these things,  
19     but you don't know what specifically they  
20     reviewed, do you?

21                  MS. WICHT:  Objection.  Asked and  
22                  answered.

23          A.     Can you repeat the question again?

24          Q.     CVS told you that they reviewed a

1 number of different things, but you don't  
2 actually know what specifically they reviewed.  
3 You don't know which pharmacy staff they  
4 interviewed, do you?

5 MS. WICHT: Objection. Asked and  
6 answered.

7 A. Here it's stated on Paragraph --  
8 "The teams interviewed pharmacy staff, reviewed  
9 controlled substances ordering, receiving,  
10 dispensing procedures, controlled substances  
11 records and report and security. The teams also  
12 audited certain drugs."

13 But it chose that they did an  
14 investigation, including those elements listed  
15 in -- in Paragraph 4.

16 Q. And again, the question, though,  
17 is: The specifics of those reviews, you don't  
18 know anything more than what's right here, do  
19 you?

20 A. Again, I have --

21 MS. WICHT: Objection. Asked and  
22 answered.

23 A. I have told you that I was not a  
24 party in the audit, so I cannot tell you the

1     specifics of it, but I trust that CVS did what  
2     they committed to us, which was to do an  
3     investigation based on the data that we  
4     presented to them and that the investigation was  
5     valid.

6             Q.     Do you know if CVS has any sort of  
7     profit motive in their business model?

8             MS. WICHT:   Object to the form.

9             A.     I don't understand --

10            MS. WICHT:   And speculation.

11            A.     I don't understand the question.

12            Q.     Do you think that CVS is a  
13     corporation that seeks to make profits?

14            MS. WICHT:   Object to the form.

15            A.     I believe CVS is a public company,  
16     that like all the public companies, seek to make  
17     a profit.

18            Q.     And would you agree that if CVS  
19     doesn't receive opioids from Cardinal, they will  
20     lose some of those profits because they can't  
21     sell them?

22            MS. WICHT:   Object to form.   Calls  
23                    for speculation.

24            A.     I wouldn't -- I couldn't tell you

1 the proportion of opiates that is their business  
2 versus other business.

3 Q. Would you agree, though, that  
4 whatever proportion it is, it could be directly  
5 impacted by Cardinal deciding not to sell  
6 opioids to CVS?

7 MS. WICHT: Object to form. Calls  
8 for speculation.

9 A. That would be speculating if I  
10 give you a specific answer. I do not know that.

11 Q. And counsel has done a good job of  
12 guiding you into that answer. But would you  
13 agree that CVS, as a public corporation that has  
14 a profit motive, would lose some profits if it  
15 was no longer able to sell opioids that Cardinal  
16 distributed?

17 MS. WICHT: Object to form. Calls  
18 for speculation.

19 MR. KROEGER: Can you keep it to  
20 object to form, please?

21 MS. WICHT: I understand you're  
22 accusing me of coaching. You're asking  
23 the witness to testify about the profit  
24 structure and the income of an entirely

1 separate company.

2 MR. KROEGER: All objections are  
3 to be as to form only.

4 MS. WICHT: Object to form. Calls  
5 for speculation.

6 A. You know, if -- I don't even know  
7 if -- there are sometimes that you have to carry  
8 products in a supermarket that makes no profit,  
9 but you have to have it in order for the -- to  
10 be a complete offering. I don't know if they  
11 sold -- I mean, what are the profits of opioids  
12 for CVS? I don't work there.

13 And even if I work there, I'm a  
14 quality professional, not a salesperson or in  
15 the finance department to determine what is the  
16 profit margin on opioids that they made. I  
17 don't know that. I don't even know if that will  
18 stop other customers from going to the store. I  
19 do not know that. I would be speculating.  
20 You're asking me to answer something that I have  
21 no knowledge of.

22 Q. You were the senior vice president  
23 of QRA at Cardinal Health, correct?

24 A. I am.

1 Q. And in that role, a primary duty  
2 was to ensure a robust anti-diversion program  
3 from Cardinal, correct?

4 A. It requires us to meet our  
5 regulatory requirements, yes.

6 Q. And the only reason -- well,  
7 you're now also saying that you don't know if  
8 opioids are profitable for CVS?

9 A. I don't know the profit structure  
10 of -- CVS has on opioids. I cannot tell you  
11 that.

12 Q. You won't even go so far as to say  
13 that you believe, as someone who has worked with  
14 CVS and who has worked in the business world,  
15 you won't even go so far as to say that CVS  
16 likely profits off of opioids?

17 MS. WICHT: Object to the form.

18 A. I cannot tell you the answer to  
19 that because I would be speculating. I don't  
20 know how much money they make in opioids, what  
21 are the investment that they have to do to be  
22 able to sell opioids. So I cannot tell you  
23 that. I mean, you're asking me to answer a  
24 question that is beyond my understanding about

1 CVS business model.

2 Q. I'm asking you to answer a real  
3 world question about the fact that opioids are  
4 profitable for corporations.

5 MS. WICHT: Is that a question?

6 MR. KROEGER: Yeah.

7 MS. WICHT: What's the question?

8 BY MR. KROEGER:

9 Q. Can you tell me if they are?

10 MS. WICHT: Object to the form.

11 Calls for speculation.

12 A. Yeah. I would be speculating,  
13 so...

14 Q. Okay. So then, let's move down to  
15 the final paragraph on Page 1. CVS's conclusion  
16 that they sent to you, "The teams found no  
17 evidence of controlled substance diversion or  
18 significant losses. CVS is confident that  
19 pharmacists and their staff at these pharmacies  
20 understand how to minimize the risk of  
21 dispensing controlled substances, particularly  
22 opioids for pain management for nonlegitimate  
23 purposes."

24 That's the conclusion CVS sent to

1 Cardinal; is that right?

2 MS. WICHT: Object to the form.

3 A. And there's more language in there  
4 on the second page, too.

5 Q. But that paragraph, is that  
6 correct?

7 A. That paragraph that you read is in  
8 the letter, yes, correct.

9 Q. So based on some sort of a review  
10 that you weren't a part of, so you don't know  
11 the details of, CVS has told you that they found  
12 no evidence of controlled substance diversion or  
13 significant losses?

14 A. That's the information --

15 MS. WICHT: Object to the form.

16 A. That's the information that was  
17 provided to us by CVS.

18 Q. And then if we turn to the last  
19 paragraph that you were -- based on that review  
20 that you don't know the details of, CVS is  
21 telling you, "CVS is comfortable with Cardinal  
22 continuing to ship controlled substances to  
23 these pharmacies and look forward to continuing  
24 to work with you to address matters of mutual



1 concern. Please let me know if you still have  
2 concerns about these pharmacies or if you have  
3 concerns about others."

4 A. Uh-huh.

5 Q. So after a meeting with CVS in  
6 December of 2010, where you outlined a number of  
7 pharmacies that had anywhere from 200 percent  
8 over the average to 6,799 percent over the  
9 average, this is the result of CVS's due  
10 diligence, correct?

11 MS. WICHT: Object to the form.

12 A. This is a summary of the  
13 conclusion of their investigation.

14 Q. And it's based on this summary of  
15 their conclusion of their investigation that  
16 Cardinal determined it was appropriate to  
17 continue shipping to these individual CVS  
18 stores, correct?

19 MS. WICHT: Object to the form.

20 A. We didn't have any reason to  
21 believe that the information provided to us was  
22 not valid.

23 Q. What reason did you have to  
24 believe that it was valid?

1           A.     Is that representations that they  
2     make to us, the meeting that we had with them,  
3     they expressed, you know, concerns that we were  
4     concerned about these stores, and they committed  
5     to do thorough investigations on these  
6     particular pharmacies.

7           Q.     And at no point did Cardinal do  
8     any of its own due diligence on these  
9     pharmacies?

10                   MS. WICHT:   Object to the form.

11                   Mischaracterizes his prior testimony.

12           A.     Like I told you, you know, we, you  
13     know, kept looking at trends of pharmacies. We,  
14     on occasion, visited CVS pharmacy. I cannot  
15     tell you which specific one. The only one that  
16     I recall from the top of my head is 219. It is  
17     possible that we went to some other stores.

18           Q.     Later in 2011 --

19                   MS. WICHT:   Would it be a good  
20     time for a short break?

21                   MR. KROEGER:   Now is fine.

22                   VIDEOGRAPHER:   Time is now 11:14.

23                   Going off the record.

24                   (Recess taken.)

1 VIDEOGRAPHER: Time is now 11:33.

2 Back on the record.

3 BY MR. KROEGER:

4 Q. Mr. Quintero, we have talked a bit  
5 about what happened in terms of the DEA action  
6 against Cardinal in late 2011, early 2012 today.

7 The first thing that happened,  
8 though, was that an administrative investigative  
9 warrant was served?

10 A. (Nods head.)

11 Q. Do you recall that being served?

12 A. Yes, I do.

13 Q. Did you see a copy of it?

14 A. I saw a copy of that at that time.

15 - - -

16 (Cardinal-Quintero Exhibit 10 marked.)

17 - - -

18 BY MR. KROEGER:

19 Q. This will be Exhibit 10. It's  
20 3776. And the Bates is  
21 CAH\_MDL\_PRIORPROD\_DEA12\_00003808.

22 So this is the warrant for  
23 inspection. Did you receive this at some point?

24 A. Yes, we did. I got a copy of this

1 at one point.

2 Q. And one of the things that was  
3 requested is in Paragraph c -- 2c, do you see  
4 that, "To inspect all records, files, papers,  
5 processes, controls, facilities appropriate for  
6 verification of the records, reports and  
7 documents required to be kept under the  
8 provisions of the act and regulations  
9 promulgated thereunder."

10 Do you see that?

11 A. Correct.

12 Q. Now, this is a warrant served on  
13 Cardinal with regard to Lakeland Distribution  
14 Center, correct?

15 A. Correct.

16 Q. And this is the DEA telling  
17 Cardinal that we want more information about  
18 Lakeland Distribution Center, correct?

19 MS. WICHT: Object to the form.

20 A. This is an inform -- I mean, a  
21 warrant for inspection, which some of the  
22 requirements have to inspect records and they  
23 ask for records.

24 Q. And they're looking

1 specifically -- at least one part of what  
2 they're looking for are the records that are  
3 required to be kept under the act, the  
4 Controlled Substances Act, correct?

5 A. Correct.

6 Q. And if Cardinal has an agreement  
7 with the DEA and an understanding in terms of  
8 what their obligations are to -- as to what to  
9 record and report, then Cardinal should have  
10 what the DEA's looking for under the provisions  
11 of the act. Wouldn't you agree?

12 MS. WICHT: Object to the form.

13 Calls for a legal conclusion, I think,  
14 if I'm understanding it.

15 A. We should have the records that  
16 are required. Per the regulations, we should  
17 have that.

18 Q. Okay. And was Cardinal or was  
19 Cardinal not keeping proper records of its due  
20 diligence during -- prior to October 26, 2011?

21 MS. WICHT: Object to the form.

22 A. My understanding is Cardinal  
23 Health has always kept all the records required  
24 per the regulations.

1 Q. And was Cardinal Health, prior to  
2 October 26th, 2011, doing all of the due  
3 diligence that had been required of it?

4 MS. WICHT: Object to the form.

5 A. What was the question again?

6 Q. Was Cardinal, prior to  
7 October 26th, 2011, doing all of the due  
8 diligence required of it with regard to  
9 controlled substances?

10 MS. WICHT: Object to the form.

11 A. We were executing according to the  
12 regulatory requirement stated in the act.

13 Q. And you were keeping records of  
14 such due diligence actions, correct?

15 MS. WICHT: Object to the form.

16 A. We were keeping records that are  
17 required by the act to be kept.

18 Q. So when you received this warrant  
19 to inspect from the DEA, you should be able to  
20 comply and show them that Cardinal has done its  
21 due diligence, correct?

22 MS. WICHT: Object to the form.

23 A. We should provide the agency with  
24 all the records that are required, per the

1 regulations.

2 Q. Are there records required of  
3 Cardinal that are not in the regulation?

4 A. That are required of Cardinal?

5 Q. Yeah.

6 A. The only records that are required  
7 are the ones that are in the regulation, right?

8 Q. I would imagine. And so I'm  
9 asking -- because you said, we kept all of the  
10 records that were required of the regulation,  
11 correct?

12 A. Yeah. And we filed those with the  
13 DEA, like the ARCOS report.

14 Q. Okay. And you did all of the due  
15 diligence that was required of the act, as well,  
16 correct?

17 MS. WICHT: Object to the form.

18 Foundation. Calls for a legal  
19 conclusion.

20 A. We -- what I'm telling you, we did  
21 everything that was required per the regulation  
22 that we had to do.

23 Q. So, then, wouldn't the  
24 conclusion -- logical conclusion be that if you

1 provided all of those records that you did keep  
2 because you were required to, that showed you  
3 did the due diligence that you were required to,  
4 that if you had provided that to the DEA, this  
5 investigation would likely end?

6 MS. WICHT: Object to the form.

7 Foundation. Speculation.

8 A. I need to hear the question again.

9 Q. Sure. And I know it's -- it's --  
10 would you agree that because Cardinal was doing  
11 what it was supposed to do under its due  
12 diligence requirements and keeping records of  
13 all such actions, that if Cardinal provided all  
14 of those records to the DEA in response to this  
15 warrant, that the investigation would likely  
16 end?

17 MS. WICHT: Object to the form.

18 Foundation. Speculation.

19 A. I would be speculating if I say  
20 that. I know that we kept all the records that  
21 were required by the regulations, and we  
22 provided all the records that the regulations  
23 required to the agency.

24 Q. Okay. So in your mind -- and your



1 testimony is that Cardinal had complied  
2 completely with the regulations, both with  
3 regard to due diligence and recordkeeping as to  
4 that due diligence, correct?

5 MS. WICHT: Object to the form.  
6 Foundation.

7 A. I mean, I keep stating that we  
8 provided all the records that are required by  
9 the regulation. To the best of my knowledge, we  
10 did that, and there's not missing records that  
11 we did not provide to the agency that are  
12 required by regulations.

13 Q. Okay. And you have no reason,  
14 sitting here today, as having been the senior VP  
15 of QRA back in October of 2011, to believe that  
16 Cardinal didn't do its due diligence, do you?

17 MS. WICHT: Object to the form.

18 A. I do not have any reason to  
19 believe that we did not meet the requirements of  
20 the regulations in 2011, as you stated.

21 Q. Okay.

22 - - -

23 (Cardinal-Quintero Exhibit 11 marked.)

24 - - -

1 BY MR. KROEGER:

2 Q. I'm going to hand you what's been  
3 marked as Exhibit 11. It's 3773.

4 (Pause in proceedings.)

5 A. Yes.

6 Q. So, Mr. Quintero, per the e-mail,  
7 you can see that this document is from Monday,  
8 October 31st, 2011, correct?

9 A. Correct.

10 Q. If we go to Page 3 of the exhibit,  
11 we see the actual release that was sent as an  
12 attachment to that e-mail?

13 MS. WICHT: Object to the form.

14 Q. Correct?

15 A. What date are you referring to?  
16 October 31st?

17 Q. Yes, sir.

18 A. I'm assuming that's the date this  
19 version was approved.

20 Q. Correct. Because it says,  
21 "Approved version, October 31st, 4:00 p.m.  
22 eastern."

23 A. Yeah. I don't know when it was  
24 sent out.

1           Q.     If you look back -- we can go  
2     through it -- the initial e-mail from Jon  
3     Giacomin -- is that how you pronounce it?

4           A.     Jon Giacomin.

5           Q.     Jon Giacomin was sent Monday,  
6     October 31st, 2011 at 9:43 a.m., correct?

7           A.     Yes, on the 31st, 2011.

8           Q.     And later in that day, we see Kara  
9     Forester has attached a document, "Support Team  
10    Talking Points," correct?

11          A.     They have -- they are talking  
12    points on -- this says -- does it say talking  
13    points?

14          Q.     If you look at the PDF -- if you  
15    look at the screen, if you don't mind, or you  
16    can go to Page 1 of the document, you'll see the  
17    Support Team Talking Points.LA.

18          A.     I see talking points, yes.

19          Q.     And that's the document that's  
20    attached as Page 3 to this exhibit.

21          A.     Okay.

22          Q.     So this document was approved five  
23    days after the DEA served the warrant on  
24    Lakeland; is that correct?

1 MS. WICHT: Object to the form.

2 A. What was the date the warrant was  
3 served?

4 Q. October 26th, 2011.

5 A. I see October 25. I see it signed  
6 on 25. I don't see when it was served.

7 Q. Okay. 25, 26.

8 A. Okay.

9 Q. Within a week of the warrant being  
10 served on Cardinal.

11 And Cardinal's response -- well,  
12 first, Cardinal -- is this -- this is something  
13 that would have been put out for the employees,  
14 correct?

15 A. I don't think this message was  
16 intended to the general employees. I see in the  
17 "to" list members of the legal team and some  
18 members of -- that reported in to either Jon  
19 Giacomini or Mike Kaufmann.

20 Q. And you had a chance to review  
21 this document, the talking points document?

22 A. I can glance through it if you  
23 could give me a little bit of time.

24 Q. We'll read it together.

1 "The prescription drug abuse  
2 problem."

3 A. Uh-huh.

4 Q. "The prescription drug abuse  
5 problem has continued to grow throughout the  
6 United States. One of the most problematic  
7 areas of the country is Florida, where pill  
8 mills are prevalent."

9 Do you agree that that's what it  
10 says?

11 A. That's what is in the document.

12 Q. "Last week, Drug Enforcement  
13 Administration (DEA), alongside with state and  
14 local authorities, announced increased measures  
15 to combat the prescription drug abuse problem in  
16 Florida, Operation Pill Nation II."

17 Do you agree with that?

18 MS. WICHT: Agree that's what --

19 A. I agree that that's the language  
20 that is in the document.

21 Q. This is the language that's in the  
22 document that Cardinal agreed or approved on  
23 October 31st, 2011 at 4:00 p.m., correct?

24 MS. WICHT: Object to the form.

1           A.     That's the language that is in  
2     this document that somebody in Cardinal approved  
3     on October 31st. The approval, I don't  
4     believe, was my approval.

5           Q.     And "These measures included a  
6     number of arrests of pharmacists and  
7     physicians"?

8           A.     That's in the third bullet of this  
9     document.

10          Q.     Okay. And it talks -- the next  
11     section is about -- it says, "What Cardinal  
12     Health is doing."

13                     And I want you to read the second  
14     bullet. It's, "Our suspicious order monitoring  
15     system evaluates pharmacy orders to determine if  
16     the orders are unusually large, unusually  
17     frequent, or deviate from the normal pattern."

18          A.     Correct.

19          Q.     Skipping to the -- skipping one,  
20     "Since 2008, Cardinal Health has conducted  
21     hundreds of on-site pharmacy inspections, ceased  
22     distribution to more than 300 pharmacies we  
23     believe presented a significant risk of  
24     diversion, and in the last two years, we have

1     denied the applications from over 40 pharmacies  
2     seeking to have a controlled substance  
3     relationship with us."

4             A.     Yes, I see that statement there.

5             Q.     Do you agree with that statement?

6             A.     I believe that statement is likely  
7     accurate.

8             Q.     "We believe in the foundational  
9     elements of our SOM program and are continuously  
10    working to improve it. We have also partnered  
11    with the Ohio State University College of  
12    Pharmacy on a Generation RX outreach initiative,  
13    a free program designed to create awareness  
14    about the dangers of prescription drug abuse and  
15    diversion."

16                    Do you agree with those statements  
17    in terms of what Cardinal Health is doing?

18             A.     I agree that we were executing all  
19    of the stuff that is in the -- in that  
20    particular section of this document.

21             Q.     And earlier, you also said that  
22    with regard to Lakeland and the due diligence,  
23    Cardinal has done its due diligence and has the  
24    proper records of that due diligence as required

1 by regulation?

2 MS. WICHT: Object to the form.

3 Foundation.

4 A. What I told you is that Cardinal  
5 Health retained all the records required by the  
6 regulations.

7 Q. Okay. And in response to the DEA  
8 serving a warrant on Cardinal asking for those  
9 records to show it had done its due diligence,  
10 Cardinal decides to create a business continuity  
11 plan. You can read along.

12 "Due to the increased DEA activity  
13 in Florida, we have decided to ready our  
14 business continuity plans for Lakeland, Florida.  
15 Part of this preparation includes steps that we  
16 need to take to be ready to transfer customers  
17 from Lakeland to the designated secondary  
18 distribution center, Jackson or Greensboro."

19 What does that mean?

20 MS. WICHT: Object to the form.  
21 Foundation.

22 A. It means that we have business  
23 continuity plans for many different reasons,  
24 including hurricanes, potential closure of



1 sites. So we were initiating a business  
2 continuity plan.

3 Q. Okay.

4 A. For Jackson and Greensboro.

5 Q. So -- well, the business  
6 continuity plan was for Lakeland, Florida,  
7 right?

8 A. For Lakeland, but --

9 Q. And so --

10 A. Service centers were out of  
11 Lakeland.

12 Q. Do you remember October of 2011?

13 A. Yes, I do.

14 Q. Were you expecting any hurricanes  
15 in Florida in October of 2011?

16 A. No. I don't know -- I don't  
17 know -- I mean, I don't remember.

18 Q. Do you think --

19 A. October is hurricane season, but  
20 I -- I do not know if there was hurricanes in  
21 that time.

22 Q. But that's the first reason you  
23 chose to give in terms of why a continuity plan  
24 would be --

1           A.     No. I told you there are many  
2 reasons for it.

3           Q.     And the first you chose to list  
4 was hurricane?

5           A.     Because that's the primary reason  
6 that we have business continuity plans, is for  
7 natural disasters.

8           Q.     And in this particular case of  
9 Lakeland in October of 2011, was it a natural  
10 disaster that Cardinal was concerned about?

11          A.     We were concerned --

12                 MS. WICHT: Object to the form of  
13 the question.

14          A.     We were concerned about the  
15 administrative action of the inspection warrant  
16 that we received from DEA, which surprised us,  
17 because to the best of our knowledge at that  
18 particular time, we felt that we were complying  
19 with the regulatory requirements of the  
20 Controlled Substances Act.

21                 So we were completely caught off  
22 guard when we got this inspection warrant and we  
23 could not understand why the agency was having  
24 any concerns about the Lakeland facility,

1 especially because Michael has been in  
2 continuous contact with Barbara Boockholdt and  
3 have never shown an indication in which she was  
4 concerned about the way that we were executing  
5 our program and also meeting the regulatory  
6 requirements of the Controlled Substances Act.

7 Q. So Cardinal Health believes it's  
8 done all its due diligence, has the proper  
9 records of having done that due diligence,  
10 believes that they have an agreement with the  
11 DEA that all such due diligence and records are  
12 appropriate and what is required, and yet in  
13 response to a warrant asking for that  
14 documentation, Cardinal decides to initiate a  
15 business continuity plan for Lakeland  
16 Distribution Center?

17 A. Like I --

18 MS. WICHT: Object to the form.  
19 Foundation. Mischaracterizes the  
20 testimony on the document.

21 Sorry. Go ahead.

22 A. We were caught off guard, and we  
23 could not understand why DEA was giving us an  
24 inspection warrant. They could have asked us

1 for the information over the phone. Barbara had  
2 a good line of communication between her and  
3 Michael. Why she didn't do that and they went  
4 directly to an inspection warrant, we could not  
5 understand that, but we have an obligation to  
6 serve patients that need this medications in all  
7 parts of the United States. So we were caught  
8 off guard and we were concerned of why.

9 Q. If the DEA is going to suspend a  
10 distribution center, as they did, Cardinal  
11 initiates a business continuity plan to ensure  
12 that all of the drugs that were going to be  
13 shipped out of that suspended facility get  
14 shipped, correct?

15 MS. WICHT: Object to the form.

16 A. We try to serve all our customers  
17 that need drugs for legitimate medical purposes  
18 out of any facility that we have.

19 Q. So in response to a DEA warrant  
20 and this business continuity plan, is there  
21 anywhere in this business continuity plan where  
22 Cardinal says, we need to reevaluate the orders  
23 out of Lakeland that landed us in getting a  
24 warrant?

1 MS. WICHT: Objection to --

2 Q. Is that part of the business  
3 continuity plan?

4 MS. WICHT: Objection to the form.

5 A. The business continuity plan is  
6 separate from what we do in our anti-diversion  
7 program. It's completely different.

8 Q. This plan is just to make sure  
9 that all the opioids and everything else just  
10 keeps getting shipped?

11 MS. WICHT: Objection to form.

12 Foundation. Mischaracterizes.

13 A. The plan is to ensure that  
14 customers that need drugs, all kind of drugs,  
15 for legitimate medical use, they can have those  
16 drugs available to serve their patients.

17 VIDEOGRAPHER: Counsel on the  
18 phone, could you put yourself on mute.

19 BY MR. KROEGER:

20 Q. If you go back to Exhibit 5, it's  
21 the 4085 document, and if you can turn to  
22 Page 16 of that document.

23 The first full paragraph there,  
24 "Based on its review of the documents Cardinal

1 Health provided in response to the October 26,  
2 2011 AIW and the November 8th, 2011  
3 administrative subpoena, the investigation at  
4 respondent revealed a persistent failure to  
5 exercise due diligence to ensure that controlled  
6 substances were not being diverted."

7 So that's the conclusion the DEA  
8 reached in reviewing the documents Cardinal  
9 Health provided in response to the warrant and  
10 the subpoena. Do you disagree with the DEA's  
11 conclusion?

12 MS. WICHT: Objection to form.

13 A. I disagree with that conclusion  
14 because my understanding is that we were  
15 retaining all the documents that were required  
16 by regulation.

17 Q. Do you have that additional  
18 requirement in writing anywhere?

19 A. Additional requirement of what?

20 Q. Well, several times today you've  
21 talked about this agreement that Cardinal Health  
22 had with the DEA that was separate and apart  
23 from the 2008 Memorandum of Agreement. Because  
24 we looked at that document and you couldn't show

1 me anywhere where these different requirements  
2 were.

3 So is there anything in writing  
4 that Cardinal Health has from the DEA saying,  
5 Cardinal Health, these requirements, on top of  
6 or below the Memorandum of Agreement, apply to  
7 Cardinal?

8 MS. WICHT: Object to the form.

9 A. The agreement -- the agreement's  
10 not the regulation. That's citing the  
11 regulations, not the agreement.

12 Q. I'm asking if you have anything in  
13 writing. Does Cardinal have anything in writing  
14 to support that this agreement had been made  
15 with Cardinal Health and the DEA, outside of the  
16 Memorandum of Agreement?

17 A. I don't know if we have anything  
18 in writing.

19 Q. As the senior vice president of  
20 QRA for Cardinal Health, shouldn't you know?

21 MS. WICHT: Object to the form of  
22 the question.

23 A. Like I told you before, when I  
24 came to Cardinal Health, I was given an overview

1 of our anti-diversion program and the agreements  
2 that were made between the agency and Cardinal  
3 Health. I was updated on the visit that Barbara  
4 Boockholdt and Sue Langston had in our building,  
5 and the review of the presentation that was  
6 given to them. And there was not a single sign  
7 out there, not even from that meeting or from  
8 other interactions with the agency, that our  
9 agreement was not valid and that they had some  
10 concerns about us.

11 Q. But you, as the senior vice  
12 president of QRA in charge of anti-diversion,  
13 never saw such an agreement in writing, did you?

14 A. I don't believe I requested to see  
15 the agreement in writing, and I requested to  
16 have the information that was agreed by not only  
17 Michael Moné, but I verified that information  
18 from Bob Giacalone and also from my boss.

19 Q. From your boss, Mr. Corford?

20 A. Mr. Craig Morford.

21 Q. Morford.

22 So Craig Morford also acknowledged  
23 to you that the DEA had agreed to this with  
24 Cardinal Health?



1 MS. WICHT: Object to the form.

2 A. There was a consistent message  
3 between Craig Morford and myself, Michael Moné  
4 and myself, Bob Giacalone and myself, that DEA  
5 had reviewed our program as it was in 2009 when  
6 I got there, and that they have found our  
7 program satisfactory and that they had not  
8 expressed any concerns.

9 Q. Okay. And obviously we know from  
10 what happened to Lakeland in 2012 that the DEA  
11 concluded otherwise in 2012, correct?

12 MS. WICHT: Object to the form.  
13 Calls for speculation.

14 A. We were completely surprised by  
15 the inspection warrant that we got in 2012,  
16 because all the -- in 2011, because all the  
17 indications that we had up to that point was  
18 that we were meeting the expectations of the  
19 agency. And it's my understanding, and I  
20 believe so, that we were meeting all of the  
21 regulatory requirements.

22 Q. Okay. We'll continue on Page 16.  
23 Just following along where we were already.

24 "The DEA concluded that over a

1 period of approximately three years, November  
2 2008 to December 2011, respondent's  
3 anti-diversion controls were inadequate to meet  
4 their due diligence responsibilities. This  
5 conclusion was based on the totality of several  
6 factors.

7 "Some of the most important  
8 factors were: Exceedingly large increasing  
9 volume of shipments of oxycodone to its largest  
10 Florida retail customers, which volumes were  
11 supported by inadequate documentation."

12 Do you disagree with that  
13 conclusion by the DEA that --

14 MS. WICHT: Object to -- I'm  
15 sorry.

16 Q. -- Cardinal had an exceedingly  
17 large increasing volume of shipments of  
18 oxycodone to its largest Florida retail  
19 customers and that those volumes were not  
20 supported by -- or were supported by inadequate  
21 documentation?

22 A. I disagree --

23 MS. WICHT: Object to the form.

24 A. I disagree that we were not

1 meeting our regulatory requirements and that we  
2 were not meeting the agreement that we had with  
3 the agency in 2009.

4 Q. Okay. And you have made that  
5 abundantly clear today. What I'm asking right  
6 now is if you disagree with the DEA's conclusion  
7 that one of the factors was that exceedingly  
8 large increasing volume of shipments of  
9 oxycodone to its largest Florida retail  
10 customers, which volumes were supported by  
11 inadequate documentation, was part of the reason  
12 that they concluded you were not meeting your  
13 due diligence responsibilities?

14 A. That was the conclusion of the  
15 agency --

16 MS. WICHT: Objection to form.

17 A. -- not my conclusion.

18 Q. So you disagree with the agency's  
19 conclusion?

20 MS. WICHT: Object to the form.

21 A. I disagree with the fact that the  
22 agency agreed with us in 2009 on the execution  
23 of our anti-diversion program, and we were  
24 executing according to our understanding of the

1     agreement that we had with the agency and  
2     meeting all the regulatory requirements.

3             Q.     And do you also disagree with  
4     factor number 2, that there was a low number of  
5     suspicious orders reported?

6             MS. WICHT:   Object to the form.

7             A.     Again, what I -- I go back to the  
8     meeting that we have in 2009 on how our program  
9     was executed and the agreement that the agency  
10    made with our personnel, and there were, you  
11    know, high levels of DEA at that meeting,  
12    Barbara Boockholdt and Sue Langston, and both of  
13    them agreed that our execution of the program  
14    was appropriate.

15            Q.     So I don't know if that means you  
16    agree or disagree with the fact that there may  
17    have been a low number of suspicious orders  
18    reported.

19                    Do you agree or disagree that  
20    there was a low number of suspicious orders  
21    reported?

22            A.     I will agree that --

23                    MS. WICHT:   Object to the form of  
24    the question.

1           A.     I will agree that we reported the  
2     number of suspicious orders as our program was  
3     designed in 2009.

4           Q.     And was that number low or high?

5                   MS. WICHT: Object to the form of  
6     the question.

7           A.     That number was adequate based on  
8     the program that we had at that time.

9           Q.     And do you agree or disagree that  
10    there was a low number of on-site visits to  
11    these top retailers and no site visits to retail  
12    chain pharmacy customers?

13                  MS. WICHT: Object to the form.

14          A.     I know that we have visited  
15    hundreds of pharmacies. I cannot tell you the  
16    distribution of -- I don't recall the number of  
17    store visits that we did in Florida, so I could  
18    not agree with that statement because I don't  
19    have those facts in front of me.

20          Q.     Well, do you put site visits into  
21    the due diligence files? Is that -- let me  
22    rephrase that.

23                  When Cardinal -- when someone from  
24    Cardinal does a site visit, does that then go

1     into the due diligence file for the store to  
2     which they did the site visit?

3             A.     They go into a system that we call  
4     Content Manager.

5             Q.     Is that system that's called  
6     Content Manager, is that a system that tracks  
7     the due diligence and on-site visits per store?

8             A.     It stores the visits that we do to  
9     stores.

10            Q.     And when the DEA served a warrant  
11     and a subpoena on you asking for those -- for  
12     all such due diligence files, did you give them  
13     the contents of that?

14            A.     My assumption is that we gave all  
15     the information that was asked by the agency at  
16     that time.

17            Q.     So if there were site visits, they  
18     would have received those?

19            A.     They received --

20                    MS. WICHT: Object to the form.

21            A.     They received all the information  
22     that they requested from us.

23            Q.     And in that information that they  
24     received, there were no site visits to retail

1 chain pharmacy customers?

2 MS. WICHT: Object to the form.

3 A. I don't recall that. I don't

4 recall the document production for that

5 particular time, so I cannot say that.

6 Q. Okay. Lastly, do you agree or

7 disagree that there's evidence -- there was

8 evidence that respondent's due diligence

9 practices were inconsistent with both the 2008

10 MOA and Cardinal Health's own policies, the

11 purpose of which was to reduce diversion?

12 MS. WICHT: Object to the form.

13 A. I completely disagree with that as

14 shown by the fact that we have terminated over

15 300 pharmacies at that point in time, and most

16 of those pharmacies continue to have a DEA

17 license today and they're still in business.

18 Q. Cardinal still has a DEA license

19 and is still in business, correct?

20 A. We regained our DEA license for

21 Lakeland.

22 Q. So that doesn't necessarily prove

23 or disprove due diligence at any given time,

24 does it?

1 MS. WICHT: Object to the form.

2 A. I'm not aware that DEA has taken  
3 action against all of those pharmacies that we  
4 have terminated. Maybe a fraction of them they  
5 have, but most of those pharmacies continue to  
6 have their license. I'm not aware that DEA has  
7 taken an action against those pharmacies.

8 Q. Are you familiar with the numbers  
9 of opioids that were sent to the two CVSs that  
10 were at issue in Lakeland?

11 A. I don't recall.

12 Q. If you turn to Page 18 of this  
13 Exhibit 5. Do you see the paragraph starting  
14 with "Publix"?

15 A. I'm on the wrong page.

16 Q. 18 on the top right.

17 Do you see the paragraph that  
18 starts with "Publix"?

19 A. Yep.

20 Q. "Publix Pharmacy Number 0641,  
21 located at 5240 West State Road 46, Sanford,  
22 Florida 32771, is within two miles of CVS 5195.  
23 In 2011, CVS 5195 purchased 1.2 million dosage  
24 units of oxycodone, while Publix Pharmacy 0641



1 purchased only 25,700 units of oxycodone."

2 Do you dispute those numbers?

3 MS. WICHT: Objection.

4 A. Those are the numbers that are in  
5 the document. I don't have any reason to  
6 dispute the numbers.

7 Q. Do you have any reason to believe  
8 that in response to those numbers, Cardinal did  
9 even a site visit to CVS 5195?

10 MS. WICHT: Objection to the form.

11 A. I don't recall if we did a visit  
12 or we didn't do a visit.

13 Q. Well, according to what we read  
14 just a moment ago, the DEA received no  
15 documentation of any site visits to any chain  
16 pharmacies, correct?

17 MS. WICHT: Object to the form.

18 A. We may have done a visit, but I  
19 don't know that.

20 Q. In order for you to have done a  
21 visit, you would have had to do it and then not  
22 document it. Is that fair given that the DEA  
23 never received any documentation of it?

24 MS. WICHT: Object to the form.

1           A.     I wouldn't know that.  If somebody  
2     did a surveillance visit and they didn't put it  
3     in the file, I mean that could happen, but I  
4     don't know that.

5           Q.     Were you -- were people at  
6     Cardinal in the practice of doing site visits to  
7     CVSs and not putting it in the file?

8           A.     We did some site visits to some  
9     CVS stores.  I don't -- I was not running the  
10    day-to-day of activities of the program, so I'm  
11    not a good person to say that every single site  
12    visit was included in Content Manager.  I cannot  
13    attest to that.

14          Q.     The next paragraph, "Two  
15    pharmacies are located within one mile of CVS  
16    219.  Walgreens 6970, located at 3803 South  
17    Orlando Drive, Sanford, Florida, and Walmart  
18    Pharmacy number 10-0857, located at 3653 Orlando  
19    Drive, Sanford, Florida.  In 2011, CVS 219  
20    purchased 1.8 million dosage units of oxycodone,  
21    while the Walgreens 6970 purchased 176,500  
22    dosage units of oxycodone and Walmart Pharmacy  
23    10-0857 purchased 30,500 dosage units of  
24    oxycodone."

1 Do you dispute those numbers?

2 MS. WICHT: Objection. Asked and  
3 answered.

4 A. I think those numbers are what is  
5 quoted in there.

6 Q. And after selling 1.8 million  
7 dosage units of oxycodone to a single CVS in  
8 Sanford, Florida, was there a site visit in the  
9 due diligence file for that store?

10 MS. WICHT: Object to the form.

11 A. I'm sure there was a site visit  
12 because I requested a site visit for that store  
13 and I was provided with a summary of the site  
14 visit.

15 Q. And since you were directly in  
16 contact with the person who did the site visit,  
17 directly requested it, certainly you would have  
18 also ensured that it made it into the due  
19 diligence file for CVS 219, wouldn't you?

20 MS. WICHT: Object to the form.

21 A. Like I told you below -- before, I  
22 don't run the details of the program on a  
23 day-to-day basis. I was interested on  
24 information -- asking for additional information

1 on CVS 219. I personally requested a visit to  
2 that -- the pharmacy to see if there was obvious  
3 signs of diversion, and the conclusion of that  
4 visit was provided to me by the person that did  
5 the visit.

6 Q. Did you review the due diligence  
7 file for CVS store 219 at any point in 2010 or  
8 '11?

9 A. I reviewed information that was  
10 provided to me by Nick Rausch.

11 Q. Was that the due diligence file of  
12 CVS 219?

13 A. That was information that Nick  
14 Rausch provided to me. I don't know what was in  
15 the due diligence file for any of those stores.  
16 It's the day-to-day execution of the program.

17 Q. But this was a store that you took  
18 a personal interest in.

19 A. I did.

20 Q. You directed a site visit. That's  
21 not something you do on a daily basis, is it?

22 A. No.

23 Q. And yet you still didn't look at  
24 the due diligence file for that store?

1 MS. WICHT: Object to form.

2 Mischaracterizes.

3 A. I didn't. I rely on my staff to  
4 review the diligence files, and for this  
5 particular one, I was provided some additional  
6 information from Nick Rausch, and I believe that  
7 it was appropriate to conduct a site visit of  
8 219 to confirm that information that CVS had  
9 given us was credible.

10 And the report that I got back for  
11 219 is that the visit resulted in no obvious  
12 signs of diversion when our investigator was  
13 doing a surveillance audit of that particular  
14 pharmacy.

15 Q. Do you agree that selling 1.8  
16 million dosage units of oxycodone to a single  
17 CVS in Sanford, Florida should cause concern?

18 MS. WICHT: Object to the form.

19 A. I think selling large amounts of  
20 controlled substances to any pharmacy is a good  
21 reason to review that pharmacy, and we did.

22 Q. And based on a single site visit  
23 and CVS saying, we've done our own internal  
24 investigation, you felt comfortable continuing

1 to sell 1.8 million dosage units of oxycodone to  
2 a single CVS in Sanford, Florida?

3 MS. WICHT: Object to the form.

4 A. We believed that all of the sales  
5 to that store were for legitimate medical use,  
6 and we didn't have any reason to believe  
7 otherwise based on the information that we had  
8 obtained.

9 Q. And if you had reason to believe  
10 that there might be a risk of diversion, what  
11 would you have done?

12 MS. WICHT: Object to the form.

13 A. We would have -- if we had a  
14 reason to believe that was suspicious or likely  
15 of those drugs to be sold or prescription be  
16 filled for orders not legitimate medical use, we  
17 would have stopped shipment for that particular  
18 store and we would have reported that store to  
19 DEA, as we did in many, many occasions.

20 Q. Would you agree that one of the  
21 ways to determine if there's a likelihood of  
22 diversion is to follow Cardinal Health's own  
23 suspicious order monitoring plan?

24 MS. WICHT: Object to the form.

1           A.     It's following the regulation and  
2     executing according to our standard operating  
3     procedures.

4           Q.     Sorry. I said "plan." I should  
5     have said "standard operating procedures." So  
6     let me say that again.

7                     You would agree, wouldn't you,  
8     that a key to stopping diversion, spotting  
9     stores that might be the source of diversion, is  
10    to follow the suspicious order monitoring  
11    standard operating procedure that Cardinal has  
12    in place?

13                    MS. WICHT: Object to the form.

14           A.     It is following the regulations  
15    and agree -- adhering to the program that we had  
16    in place at that time.

17           Q.     Okay. If you'll turn to Page 19  
18    of this Exhibit 5. This is part of Cardinal's  
19    suspicious order monitoring program.

20                    It says --

21                    MS. WICHT: No. This is the  
22                    government's --

23                    MR. KROEGER: This is the  
24                    government's finding.

1 MS. WICHT: Okay.

2 BY MR. KROEGER:

3 Q. But as part of your suspicious  
4 order monitoring SOP, you set thresholds, didn't  
5 you?

6 A. We set thresholds.

7 Q. Okay. And Paragraph i says,  
8 "Respondent set monthly thresholds for oxycodone  
9 distributions to each of its stores. But from  
10 April 2009 to August 2011, respondent  
11 disregarded the oxycodone thresholds for its top  
12 four retailers at least 44 times. Sometimes by  
13 a few thousand pills, and sometimes by tens of  
14 thousands. This unexplained disregard for its  
15 own thresholds suggests that respondent did not  
16 take its own policies seriously."

17 Do you disagree with that  
18 statement from the DEA?

19 A. I completely disagree with that  
20 statement. Threshold is a reason for us to  
21 evaluate an order, and the analyst reviews the  
22 information that they have available to them and  
23 they make decisions whether or not to release  
24 the order or not. So we didn't disregard these



1 threshold events. Every one of them was  
2 evaluated. The system doesn't allow for  
3 thresholds to be released without somebody  
4 evaluating the threshold.

5 Q. Okay. So you disagree with that  
6 conclusion the DEA reached with regard to --

7 A. Completely disagree with that  
8 conclusion.

9 Q. Okay. If you'll turn to Page 21,  
10 Paragraph i. "According to DEA review, Cardinal  
11 Health's SOM policies do not exclude chain  
12 retailers from the site visit requirement.  
13 Indeed, the written policies made available to  
14 DEA do not indicate any company policy of  
15 treating chain retailers differently than  
16 independent retailers in terms of the diligence  
17 Cardinal Health's distribution centers are  
18 required to conduct."

19 Do you disagree with that  
20 statement?

21 A. I disagree with that statement. I  
22 believe that our agreement with the agency in  
23 2009 was very clear, and explained how we were  
24 going to treat chain pharmacies.

1           Q.     So, then, this is talking about  
2     the -- Cardinal's own SOM policy. So based on  
3     what you're saying, then, if we went back to the  
4     2009, 2010, 2011 suspicious order monitoring  
5     program standard operating procedure that  
6     Cardinal had in place, it would clearly outline  
7     that chain pharmacies are to be dealt with  
8     differently than independent retail pharmacies?

9           A.     I will have to --

10                  MS. WICHT: Object to the form.

11           A.     I will have to look at the SOP. I  
12     don't have the SOP available to determine if  
13     that's the case or not.

14           Q.     Well, this conclusion that you  
15     just disagreed with in Paragraph i is the DEA  
16     saying that you -- that Cardinal Health failed  
17     to follow its own SOM policies.

18           A.     My understanding is that the  
19     program that we put in place in 2009 was  
20     consistent with the expectations of the agency  
21     and that it was the understanding and the  
22     agreement that chain pharmacies will conduct  
23     their own investigation and provide those  
24     investigations to us.

1 Q. If you'll turn to Page 22. In the  
2 middle of the Paragraph i under Subsection D,  
3 low numbers of suspicious orders reported, "From  
4 October 1st, 2008" -- do you see where I am?

5 A. Uh-huh.

6 Q. -- "through October 26th, 2011,  
7 respondent reported only 41 suspicious orders to  
8 the DEA."

9 So in a three-year period,  
10 Cardinal reported 41 -- sorry, Lakeland reported  
11 41 suspicious orders to the DEA. Is that  
12 number -- do you agree with that number?

13 A. It -- I'm assuming that number is  
14 correct. I will have to verify the fact, but my  
15 assumption is that is correct.

16 Q. And do you believe that number to  
17 be the proper number of suspicious orders to  
18 have been reported during that time?

19 A. Based on the understanding that we  
20 have with the agency at that time, it was the  
21 correct number. The agreement that we had with  
22 the agency at that time is that we will do  
23 investigation of threshold events. If those  
24 investigations led us to believe that the

1 pharmacy was potentially engaging in practices  
2 that were not consistent with filling legitimate  
3 prescriptions or that we couldn't get enough  
4 information to make that assessment, that we  
5 would report them as suspicious orders. As it  
6 happened, out of those 41 customers, 19 of those  
7 customers we terminated.

8 Q. Right.

9 Once you terminate a customer, you  
10 can no longer profit from them anyway, so  
11 reporting their orders doesn't really hurt the  
12 profit of Cardinal, does it?

13 MS. WICHT: Object to the form of  
14 the question.

15 A. I don't even -- I don't understand  
16 the question.

17 MS. WICHT: Is that a serious  
18 question?

19 MR. KROEGER: Yeah, it is.

20 A. I don't understand the question.

21 Q. So when a pharmacy orders opioids  
22 from Cardinal Health, Cardinal Health makes a  
23 profit on those opioids that they distribute to  
24 that pharmacy, correct?

1 MS. WICHT: Object to the form of  
2 the question.

3 A. I'm not in the finance or in the  
4 sales team. We sell product for legitimate  
5 medical use. I'm assuming that we make money  
6 making the product. I don't know if we make any  
7 money on opioids, to be honest with you.

8 Q. You don't give them away, do you?

9 A. Well, there are sometimes that we  
10 do things and we don't make any profit because  
11 if -- consistent with the total offerings that  
12 we have to offer.

13 Q. As an executive with Cardinal  
14 Health, who was at one time the senior vice  
15 president of QRA and is now chief QRA officer,  
16 you're not honestly sitting here telling me you  
17 don't know if Cardinal Health profits from  
18 opioids, are you?

19 A. No.

20 MS. WICHT: Object to the form of  
21 the question. Argumentative.

22 A. No. Because, I mean, selling  
23 opioids is -- is -- to have all the system in  
24 place that you need to have is a lot more

1 expensive than we have for our regular drugs.  
2 You have to have a cage. You have to have a  
3 vault. You have to have employees in the cage  
4 and the vault. You have to have audits of those  
5 cages and the vault. You have reporting  
6 responsibility. You have to do a lot more work  
7 to sell one dosage unit of oxycodone than one  
8 dosage unit of Lipitor. A lot more work.

9 Q. A lot more work.

10 But, Mr. Quintero, you're not  
11 telling me that you believe Cardinal Health,  
12 this Forbes 500 -- I think 21st on the Forbes  
13 500 list, would continue to sell opioids if the  
14 cost of doing that business was greater than the  
15 profit made from it, are you?

16 MS. WICHT: Object to the form.

17 A. I don't know. It is possible, but  
18 I don't know.

19 Q. Okay.

20 A. My role in the company is  
21 regulatory compliance, and I stick to my role  
22 and make sure that my team executes according.

23 Q. You don't do your job for free, do  
24 you?

1           A.     I don't do -- I work for Cardinal  
2     for a salary.

3           Q.     Yes.

4                     Now, after the warrant was served  
5     in October of 2011, Paragraph ii, "Between  
6     October 26th, 2011 (the day following the  
7     execution of the AIWs) and January 31st,  
8     2012" -- so in this three-month period --  
9     "respondent terminated 28 customers."

10          A.     Uh-huh.

11          Q.     Is there any reason for that  
12     increase in three months compared to the only 19  
13     previously?

14                     MS. WICHT: Object to the form.

15          A.     Like I told you, we -- during that  
16     period of time, we have terminated over 300 -- I  
17     feel like the number was 343 customers in the  
18     United States. I don't know the exact number in  
19     Florida. We were concerned with the inspection  
20     warrant that was filed. We could not understand  
21     why, so we became, you know, concerned that the  
22     agency had changed their expectation of the  
23     standards. So I mean, we changed -- we were  
24     changing with the expectations of the agency.

1 Q. As the senior vice president of  
2 QRA, did you personally have any concern that  
3 Cardinal itself was not following its own  
4 policies and procedures?

5 A. I believe --

6 MS. WICHT: Object to the form.

7 A. I believe that Cardinal Health was  
8 following our policies and procedures and that  
9 we were meeting regulatory requirements and  
10 expectations of the agency.

11 Q. If you'll turn to Page 37 of  
12 Exhibit 5. Towards the bottom of the page, five  
13 lines up, "On October 5th."

14 Do you see that?

15 A. Yep.

16 Q. "On October 5th, 2010,  
17 Mr. Moellering" --

18 Do you know who Mr. Moellering is?

19 A. Yes, Vince Moellering.

20 Q. Who is he?

21 A. He is one of the field  
22 investigators.

23 Q. Employed by Cardinal?

24 A. Employed by Cardinal Health.



1 Q. Employed to do site visits?

2 A. That's -- that was his role, to do  
3 site visits.

4 Q. And in that role, his job was to  
5 communicate to Cardinal up the chain to people  
6 in anti-diversion whether or not a store was  
7 high or low risk of diversion, correct?

8 A. The form had a portion at the end  
9 of the investigation form that provided  
10 different rankings for pharmacies.

11 Q. And that was part of his duty, was  
12 to communicate that ranking to people above him,  
13 correct?

14 A. To communicate that ranking to the  
15 head of the investigations group, which was  
16 Steve Morris.

17 Q. And that's because, just like you  
18 can't be involved in every day-to-day decision,  
19 people directly beneath you or one or two steps  
20 beneath you, can't be involved in every single  
21 site visit, right?

22 A. It's impossible to be at every  
23 single site.

24 Q. So just as you rely on Michael

1 Moné and Steve Reardon to make the right  
2 decisions with regard to policies, procedures,  
3 and regulations, they, in turn, have to rely on  
4 those below them to do the same, correct?

5 MS. WICHT: Object to the form.

6 A. We relied on our staff to execute  
7 procedures and make sure that we are meeting  
8 our -- all of the regulatory requirements.

9 Q. Do you have any reason, sitting  
10 here today, to believe that Mr. Moellering  
11 didn't do his job well?

12 MS. WICHT: Object to the form of  
13 the question.

14 A. I did not supervise Mr. Moellering  
15 directly. My understanding is that he was --  
16 his performance was acceptable.

17 Q. Okay. And then the next -- and  
18 Mr. Moro. Do you know who Mr. Moro is?

19 A. I don't recall who Mr. Moro is.

20 Q. So you can't say whether he was or  
21 was not a good employee either way?

22 A. I don't recall.

23 Q. Okay.

24 A. It's possible, but I don't recall

1 a person working in my team, which last name is  
2 Moro. It's possible, but I don't recall.

3 Q. And October 5th, 2010, anyone  
4 doing site visits would have been part of your  
5 team, correct?

6 A. Correct.

7 Q. So Mr. Moellering and Mr. Moro  
8 conducted a site visit. The notes from this  
9 particular site visit reflected the following:  
10 CAH -- that's Cardinal Health, right?

11 A. Uh-huh.

12 Q. PBC, what's that stand for?

13 A. I believe -- I'm trying to  
14 recollect. Somebody -- now that I'm reading the  
15 context, it's probably Lenny Moro is somebody in  
16 the sales team, but I don't know that for sure,  
17 but I believe that's...

18 [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

1                   If you turn the page, "Dispensing  
2   data revealed that 462,776 units of oxycodone  
3   dispensed within two months. [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED] I have requested permission to  
7   contact DEA to resolve this issue. High risk of  
8   diversion.

9                   "Despite Mr. Moellering's findings  
10   and recommendations, respondent did not contact  
11   the DEA. Respondent not only continued to ship  
12   oxycodone 30 milligram tablets to Gulf Coast,  
13   but subsequently increased shipments shortly  
14   thereafter -- shortly afterwards. On  
15   November 24th, 2010, respondent adjusted Gulf  
16   Coast's monthly volumes of oxycodone from  
17   141,000 to 207,200."

18                   Is that the appropriate response  
19   under Cardinal's suspicious orders -- under  
20   their -- the standard operating procedures to  
21   respond to a site visit that results in a high  
22   risk of diversion by increasing opioids from  
23   141,000 to 207,000?

24                   MS. WICHT: Object to the form of

1 the question.

2 A. I'm familiar with some of the  
3 aspects of this particular visit, and I'm -- I  
4 believe, to the best of my knowledge, that there  
5 were follow-up conversations between Mr. Morse,  
6 which is the pharmacist which used to work for  
7 the Board of Pharmacy, and the pharmacist in  
8 charge at Gulf Coast to understand increase in  
9 involve.

10 My understanding is that Gulf  
11 Coast was nearby or part of a medical plaza or  
12 medical center or across from a hospital.  
13 That's my recollection. It's my recollection  
14 too that Vince Moellering tried to call DEA,  
15 left a message, but the message was never  
16 responded back to him.

17 Q. So do you have reason to believe  
18 that Mr. Moellering was incorrect with the high  
19 risk of diversion in his conclusion?

20 A. Based on --

21 MS. WICHT: Object to the form.

22 A. Based on the facts at that point  
23 in time, Mr. Morse reevaluated the pharmacy  
24 based on the information that he received from

1 the pharmacist at Gulf Coast and made the  
2 determination that the pharmacist was not high  
3 risk at that point in time.

4 Q. Do you know what happened in 2011  
5 to Gulf Coast?

6 A. I believe we stopped selling  
7 prescription to Gulf Coast before the  
8 administration warrant was provided to us based  
9 on additional site visits and additional  
10 analysis that we performed on that particular  
11 pharmacy.

12 Q. So you -- QRA received a site  
13 visit report of high risk of diversion,  
14 continued to increase the dosage units to that  
15 very pharmacy, and a year later that pharmacy  
16 surrendered its DEA registration?

17 MS. WICHT: Object to form.

18 Mischaracterizes his testimony.

19 A. My understanding of the situation  
20 with Gulf Coast was there was an inspection done  
21 by Vince. Vince expressed some concern to his  
22 management, identified the pharmacy as high  
23 risk. The person in charge of the investigation  
24 group requested additional information from the

1 pharmacy. The pharmacy provided that  
2 information.

3 Mr. Morse felt that the volume was  
4 justifiable based on the location of the  
5 pharmacy and other facts. He decided to  
6 maintain the pharmacy as a customer but to keep  
7 monitoring that pharmacy. Additional visits  
8 were performed, and we terminated that pharmacy  
9 at one point in time because we didn't feel  
10 comfortable with explanation given by the  
11 pharmacist anymore.

12 Q. So the explanation given in  
13 October 2010 became unsatisfactory sometime  
14 later on?

15 MS. WICHT: Objection to form.  
16 Mischaracterizes.

17 A. If I knew all the facts, if we  
18 knew all the facts then that we knew at the time  
19 that we terminated the pharmacy, we would have  
20 caught the pharmacy much sooner. But we learn  
21 about certain facts after.

22 Q. It sounds like you learned about  
23 those facts in October of 2010 and chose to  
24 ignore them and increase the oxycodone.

1           A.     I don't agree with that statement.

2                   MS. WICHT:   Is that a question?

3           It sounded like a statement.

4           A.     I don't agree with the statement.

5                   MR. KROEGER:   Now is a good time  
6           for a break.

7                   VIDEOGRAPHER:   Time is now 12:35.  
8           Going off the record.

9                               - - -

10                   Thereupon, the luncheon recess was  
11           taken at 12:35 p.m.

12                               - - -

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1 December 6, 2018

2 Thursday Afternoon Session

3 1:18 p.m.

4 - - -

5 VIDEOGRAPHER: Time is now 1:18.

6 Back on the record.

7 EXAMINATION

8 BY MR. GRAY:

9 Q. Mr. Quintero, my name is Mark  
10 Gray. We met briefly before your deposition.  
11 I'm going to ask some follow-up questions and  
12 some additional questions possibly.

13 And you understand you're still  
14 under oath even though somebody else is  
15 questioning you? You understand that?

16 A. Yes, I understand.

17 Q. Okay. So when you first -- before  
18 you came to Cardinal, you were with Wyeth, the  
19 pharmaceutical company; is that right?

20 A. Wyeth Pharmaceutical.

21 Q. Okay. And prior to taking your  
22 position in December of 2009 with Cardinal, had  
23 you ever worked for a distributor of opioid  
24 narcotic drugs?

1 A. No.

2 Q. Okay. So in 2009, when you went  
3 to work at Cardinal Health, that was your first  
4 experience in regulatory with a distributor of  
5 opioid drugs, correct?

6 A. Not controlled substances, but  
7 opioids, yes.

8 Q. And when you took that position,  
9 would you have expected Cardinal to give you all  
10 of the information that you needed to do your  
11 job?

12 MS. WICHT: Object to the form.

13 A. I expected Cardinal to allow me to  
14 work with my staff to learn the programs that we  
15 were executing.

16 Q. Well, you wanted them to give you  
17 all the information you needed to do your job,  
18 didn't you?

19 A. I was expecting -- my job is  
20 highly broad, so I was expecting my staff to  
21 give me orientations on the different programs  
22 that we had. And I educated myself on the  
23 different regulatory requirements that we were  
24 obligated to meet.

1           Q.     Okay.  And if Cardinal withheld  
2     anything from you that would be important to  
3     your job, you wouldn't have expected that, would  
4     you?

5                     MS. WICHT:  Object to the form.

6           A.     I don't believe Cardinal ever  
7     withheld any information that I requested.

8           Q.     Okay.  And you would expect out of  
9     your employees and the people that worked with  
10    you and around you, that you wanted them not to  
11    withhold any information from you, as well,  
12    correct?

13                    MS. WICHT:  Object to the form.

14          A.     My expectation is if I request  
15    that information, that the employees that work  
16    in my department make that information available  
17    to me.

18          Q.     And if it was important for you to  
19    do your job, whether you asked for it or not,  
20    they should have given you that information,  
21    correct?

22                    MS. WICHT:  Object to the form.

23          A.     If I have to -- I expect my  
24    employees to give me information that is

1 relevant, they believe is relevant for them and  
2 that they need to escalate to me.

3 Q. Okay. Let's look at 4050.

4 - - -

5 (Cardinal-Quintero Exhibit 12 marked.)

6 - - -

7 BY MR. GRAY:

8 Q. Mr. Quintero, I'm going to show  
9 you a document which has been marked P1.4050,  
10 Exhibit 12 to your deposition. And if you turn  
11 to the second page of that document, do you see  
12 this -- have you ever seen this letter before?

13 A. Yes, I have.

14 Q. Okay. And when did you see this  
15 letter for the first time?

16 A. I've seen it many years ago.

17 Q. When you first started working,  
18 correct?

19 A. Probably soon after.

20 Q. Okay. And this is a letter from  
21 the US Department of Justice Drug Enforcement  
22 Administration, correct?

23 A. It seems that way, yeah. It's  
24 titled Drug Enforcement Administration at the

1 top, so...

2 Q. Okay. And that's to Cardinal  
3 Health, correct?

4 A. It's to Cardinal Health.

5 Q. Okay. And was this one of the  
6 documents that you looked at to understand what  
7 the regulatory process was and -- with respect  
8 to the distribution of opioid narcotics, as well  
9 as what the DEA expected of Cardinal Health?

10 MS. WICHT: Object to the form.

11 A. One of the first documents that I  
12 looked at was actually the actual regulation,  
13 the Controlled Substances Act.

14 Q. Okay. But did you also look at  
15 this one at the time to familiarize yourself, as  
16 you testified earlier, to --

17 A. I looked at this record, yeah.

18 Q. -- what the DEA expected in the  
19 regulatory framework?

20 A. This letter is not regulations.  
21 It's just a letter.

22 Q. Okay. But did you understand my  
23 question?

24 A. Not entirely.

1 Q. Okay. Just listen to my question.

2 Was this one of the documents that  
3 you looked at to familiarize yourself with what  
4 the Drug Enforcement Administration of the  
5 United States Department of Justice expected of  
6 Cardinal Health?

7 A. I reviewed the letter, yes, I did.

8 MS. WICHT: Object to the form.

9 Q. Was the purpose of reviewing the  
10 letter so you could understand the framework  
11 that the DEA expected of Cardinal Health in  
12 distributing opioid narcotics?

13 MS. WICHT: Object to the form.

14 A. It is one of the tools that I used  
15 to educate myself on the expectations of the  
16 agency, and I used -- also went to the  
17 Controlled Substances Act to understand the  
18 regulation.

19 Q. Okay, sir. So let's look at the  
20 expectations of the agency. Let's look at the  
21 next page, 4050.3. And if you look, sir, at the  
22 third paragraph.

23 A. Okay.

24 Q. And as you know, sir, you also

1 have it on the screen, correct? It's on that  
2 screen and the screen in front of you, if you  
3 need to refer to that.

4 A. Okay.

5 Q. Second sentence of the third  
6 paragraph, "Listed first among these factors is  
7 the duty of a distributor to maintain effective  
8 controls against diversion of controlled  
9 substances into other than legitimate medical  
10 scientific and industrial channels."

11 Do you see that, sir?

12 A. Yes, I do.

13 Q. And after you reviewed this when  
14 you first took the job at Cardinal Health, did  
15 you understand that it was the duty of a  
16 distributor to maintain effective controls  
17 against diversion?

18 A. It's a regulatory --

19 MS. WICHT: Object to the form.

20 A. It's a regulatory requirement to  
21 maintain controls against diversion of  
22 controlled substances.

23 Q. Okay, sir. But not just controls,  
24 but effective controls. You understand that?

1           A.     I believe that's the language that  
2     is used in the regulations, as well.

3           Q.     Okay. But do you understand that  
4     that's what the DEA told Cardinal Health, that  
5     they had to have effective controls against  
6     diversion?

7           A.     Which is consistent with the  
8     regulations, yes.

9           Q.     Okay. And then if you go down to  
10    the indented paragraph, which is the next one,  
11    one down, "The registrant" -- that's Cardinal  
12    Health, correct?

13          A.     Yes.

14          Q.     -- "shall design and operate a  
15    system to disclose to the registrant suspicious  
16    orders of controlled substances."

17                    You understand that to be one of  
18    the requirements, correct?

19          A.     The requirement in the regulation  
20    is to report suspicious orders, have a system to  
21    report.

22          Q.     Yeah, okay. Report suspicious  
23    orders. And "Suspicious orders include orders  
24    of an unusual size."



1                   You understand that, correct?

2                   A.     Uh-huh.

3                   MS. WICHT: Object to the form.

4                   Q.     "Orders deviating substantially  
5     from a normal pattern," correct?

6                   A.     Uh-huh.

7                   Q.     "And orders of unusual frequency."

8                   You understand that, too, correct?

9                   A.     Yes.

10                  Q.     Okay. So a suspicious order is  
11     something that has -- is an order that's of  
12     unusual size, correct?

13                  MS. WICHT: Object to the form.

14                  A.     Unusual size is, yeah, one of the  
15     components.

16                  Q.     Okay. Well, it's one of the ways  
17     that you have a suspicious order, is unusual  
18     size. That's what the DEA's telling you in this  
19     letter, correct?

20                  MS. WICHT: Object to the form.

21                  A.     That's what it says in the letter.

22                  Q.     Okay. And it's not only what it  
23     says in the letter, but you said earlier, this  
24     is one of the expectations that the DEA had of

1 Cardinal Health. That's the way you interpreted  
2 this when you looked at it; is that correct?

3 A. Yeah. We --

4 MS. WICHT: Object to form.

5 A. We discussed our interpretation  
6 with members of the Drug Enforcement  
7 Administration, and our interpretation of our  
8 suspicious order monitoring, our reporting  
9 requirements, was executed in agreement with the  
10 agency after the meeting of 2009.

11 Q. Well, do you have -- did they send  
12 you a letter like this P1.4050, after this 2009  
13 meeting that somebody at Cardinal Health had?

14 A. It was not a letter, but it was an  
15 interactive session between members of Cardinal  
16 Health and members of the Drug Enforcement  
17 Administration.

18 Q. And who was there for Cardinal  
19 Health?

20 A. Was Michael Moné.

21 Q. Well, let me ask you this. Were  
22 you there?

23 A. I wasn't there.

24 Q. So you weren't there, so you don't

1 actually know what was said? It was just  
2 something that Mr. Moné conveyed to you,  
3 correct?

4 A. Mr. Moné, not only Mr. Moné, but  
5 also Mr. Bob Giacalone and Mr. Craig Morford.

6 Q. And did they ever give you a piece  
7 of paper or a letter from the DEA, like this  
8 document here that we've been looking at, that  
9 gave you guidance so you could read it and  
10 understand it?

11 MS. WICHT: Object to the form of  
12 the question.

13 A. They gave me an overview of our  
14 suspicious order monitoring program, gave me an  
15 update on the meeting that they had in our  
16 corporate center with members of DEA, including  
17 Barbara Boockholdt, Sue Langston, and also the  
18 results of all the inspections that we were  
19 having. And no indication whatsoever that we  
20 were not meeting the expectations of the agency.

21 Q. Sir, what I'd really like is if  
22 you just listen to my question, okay, and see if  
23 you can answer the question that I'm asking.  
24 Okay?

1           A.     I thought I was answering your  
2     question.

3           Q.     I know. I know you thought you  
4     were, but I just want you to listen to what I'm  
5     asking you.

6                     What I'm asking you is, this group  
7     of people that you've talked about, did they  
8     ever give you a document or a letter, similar to  
9     4050 that we've just looked at, that outlined  
10    from the DEA what they expected of Cardinal  
11    Health after this meeting that you've talked  
12    about?

13                    MS. WICHT: Object to --

14           Q.     Yes or no?

15                    MS. WICHT: Object to the form.

16           A.     I don't have a document from them.

17           Q.     They never gave you a document?

18           A.     (Shakes head.)

19           Q.     So if they withheld that document  
20    from you, that would be something that would  
21    have been difficult for you to do your job, them  
22    withholding it, correct?

23                    MS. WICHT: Object to the form.

24                    Speculation.

1           A.     I don't believe they had any cause  
2     to be withholding any documents from me.

3           Q.     Okay. You just said the DEA never  
4     sent a document out about it, correct?

5                     MS. WICHT: Object to the form of  
6     the question.

7           A.     What did you say again? I didn't  
8     hear you.

9           Q.     You can strike the question.  
10                    So the only document -- how many  
11     documents have you seen -- how many letters like  
12     this have you seen from the DEA?

13          A.     I believe two letters.

14          Q.     Okay. One in 2006 and one in  
15     2007?

16          A.     Yep.

17          Q.     And the 2006 is the one we just  
18     referenced here?

19          A.     Yep.

20          Q.     And from 2007 forward until -- you  
21     haven't seen any other letters from the DEA  
22     describing Cardinal's responsibilities?

23          A.     It is possible, but I don't  
24     recall.

1 Q. Okay. And if we could look also  
2 at P1.4915.

3 - - -

4 (Cardinal-Quintero Exhibit 13 marked.)

5 - - -

6 MR. HUNTER: What are the Bates  
7 numbers, please?

8 BY MR. GRAY:

9 Q. And, sir, this is 21 CFR Section  
10 1301.74. You're familiar with this section; is  
11 that correct?

12 A. With the 21 CFR, yes. Not within  
13 the specific of all the sections, so I will have  
14 to review this one.

15 MS. WICHT: This is -- it's one  
16 section of it, correct?

17 MR. GRAY: Correct.

18 (Pause in proceedings.)

19 A. Yeah, I read the content.

20 Q. And when did you first become  
21 familiar with 21 CFR 1301.74?

22 A. I was -- I started reading soon  
23 before and soon after, educating myself on some  
24 of the aspects of the regulation. I was

1 familiar with some of the regulation because one  
2 of my -- the manufacturing facilities that I was  
3 responsible for had controlled substances, so we  
4 had to be familiar with the Controlled  
5 Substances Act.

6 Q. Okay. And you understood, as we  
7 talked about in the previous exhibit, 4050, that  
8 one of the requirements that the law placed upon  
9 Cardinal Health was that "The registrant shall  
10 design and operate a system to disclose the  
11 registrant's suspicious orders of controlled  
12 substances," correct?

13 MS. WICHT: Object to the form.

14 A. The regulatory requirement is to  
15 operate a system to detect and report suspicious  
16 orders, which we did.

17 Q. And that "The registrant shall  
18 inform the field division office of the  
19 administration in his area of suspicious orders  
20 when discovered by the registrant," correct?

21 A. My understanding is we were  
22 operating a system consistent with this  
23 requirement as we agreed on the interpretation  
24 of this requirement during the 2009 meeting

1     between DEA and Cardinal Health.

2                 Q.     Yeah. Well, we're going to talk  
3     about that later. But what I'm asking you right  
4     now is, you understood that as the registrant  
5     shall inform the DEA of suspicious orders when  
6     discovered by the registrant. You understood  
7     that was the rule and the law of the United  
8     States as it related to Cardinal Health  
9     distributing opioid narcotics, correct?

10                MS. WICHT: Object to the form.

11                A.     Correct. I agree with the  
12     regulatory requirements stated in 21 CFR  
13     1301.74.

14                Q.     And this regulation has never  
15     changed, has it?

16                A.     Not to the best of my knowledge.

17                Q.     Okay. So -- and then further,  
18     "The suspicious orders include orders of unusual  
19     size."

20                        You understand that, don't you?

21                MS. WICHT: Object to the form.

22                A.     Unusual size, yeah. That's one of  
23     the elements.

24                Q.     And suspicious orders also include



1 "orders deviating substantially from a normal  
2 pattern."

3 You understand that, don't you?

4 A. It's what the regulation says.

5 Q. And you understand that the  
6 regulation tells Cardinal Health that suspicious  
7 orders include orders of unusual frequency, as  
8 well, correct?

9 A. That's what the regulation says.

10 Q. Okay, sir. Could you look back at  
11 Exhibit 5, which is P1.4085.

12 Do you have that in front of you,  
13 sir?

14 A. Yes.

15 Q. And Page 12, down at the bottom.  
16 My colleague was asking you, Mr. Kroeger, about  
17 this earlier. Do you have that, sir?

18 Down at the bottom, Mr. Arpaio of  
19 the DEA "communicated to Mr. Moné that due  
20 diligence investigations must be performed on  
21 all customers, chain pharmacies included, when  
22 it appears that suspicious high volume orders  
23 are requested of controlled substances and  
24 questionnaires should be sent to these chains."

1                   Now, did Mr. Moné ever tell you  
2    about his conversation with the DEA Mike Arpaio?

3                   MS. WICHT: Object to form.

4                   A.     I don't recall this particular  
5    conversation, if he had it with me or not.

6                   Q.     Well, if he would have had it with  
7    you, do you think you would have recalled it?  
8    Because at the time, you were not doing that  
9    with chain pharmacies, were you? You were not  
10   doing due diligence investigation on chain  
11   pharmacies.

12                  MS. WICHT: Object to the form.

13                  A.     We were doing -- we were -- had a  
14   threshold system applied to chain pharmacies,  
15   and when they trigger the threshold events, each  
16   threshold event was investigated and determined  
17   whether or not additional information was needed  
18   before we could classify that as a suspicious  
19   order.

20                  Q.     But you weren't doing due  
21   diligence investigation on chain pharmacies,  
22   were you?

23                  A.     We were doing --

24                  MS. WICHT: Object to the form.

1                               Sorry.

2                               A.     We did investigations in  
3     partnership with chain pharmacies.

4                               Q.     Okay. Well, what you actually did  
5     was you called or otherwise corresponded with  
6     the chain and had them do their investigation  
7     and get back with you about whether or not they  
8     felt like it was suspicious or not, correct?

9                               MS. WICHT: Object to the form.

10                              A.     We communicated with the chain and  
11     requested additional investigation on particular  
12     pharmacy, which included the results of their  
13     investigation.

14                              Q.     But you relied on the results of  
15     their investigation, correct?

16                              MS. WICHT: Object to the form.

17                              A.     We used the result of the  
18     investigation as one of the elements to -- for  
19     us to make a decision. Like, for example, on  
20     219, I requested one of our members of our staff  
21     to go to the store and do a surveillance  
22     inspection.

23                              Q.     Okay. And -- but Mr. Moné never  
24     informed you of what Mr. Arpaio of the DEA said

1 concerning chain pharmacies, or at least you  
2 don't recall having that -- understood that?

3 A. I don't recall having that  
4 conversation with Michael.

5 Q. Okay. Would that have been  
6 something that you think you would have  
7 recalled? Because that's pretty important.  
8 It's a DEA communication to Mr. Moné, who at the  
9 time was head of anti -- or was underneath you  
10 in anti-diversion, correct?

11 MS. WICHT: Object to the form.

12 A. Don't recall this conversation.  
13 Don't recall -- I don't know who Mike Arpaio is.  
14 So to the best of my knowledge, I cannot judge  
15 whether this conversation took place or not.  
16 You will have to ask Mr. Moné or Mike Arpaio  
17 about this conversation.

18 Q. So Mr. Moné would be a better  
19 person to discuss his communication with the DEA  
20 Mike Arpaio than you because you don't recall  
21 the conversation Mr. Moné had with you and  
22 whether he did or not, correct?

23 A. Mr. Moné would be a better person  
24 to comment on any interaction that he may have

1 or not have with Mike Arpaio.

2 - - -

3 (Cardinal-Quintero Exhibit 14 marked.)

4 - - -

5 BY MR. GRAY:

6 Q. Mr. Quintero, I've showed you what  
7 has been marked as Plaintiff's Exhibit 14 to  
8 your deposition, P1.43.

9 A. Uh-huh.

10 Q. And I'd ask you if you've ever  
11 seen this document before.

12 A. No, I haven't.

13 Q. No one at Cardinal Health ever  
14 showed you Exhibit 14 to your deposition?

15 A. I'm not -- I was not in charge of  
16 the anti-diversion department at this point in  
17 time, so I did not have responsibilities over  
18 this.

19 Q. But you've never been shown this  
20 letter before?

21 A. I don't recall me having this  
22 document or seeing this document before.

23 Q. And no one ever discussed this  
24 document with you before at Cardinal Health?

1 MS. WICHT: You should just --  
2 Mr. Quintero, if there's -- I don't know  
3 whether there have been conversations  
4 that you would have had with lawyers for  
5 Cardinal about this document. If there  
6 were, you should just exclude those from  
7 your answer because those would be  
8 privileged. But you can answer  
9 otherwise.

10 BY MR. GRAY:

11 Q. Have you ever had -- go ahead and  
12 answer my question if you can.

13 A. To be honest with you, I don't  
14 recall seeing this document before. This is the  
15 first time that I've -- that I believe I've seen  
16 it.

17 Q. And you don't recall ever having  
18 any conversations with anyone about this  
19 document, correct?

20 A. I don't recall that.

21 Q. Okay. And, well, let's just go  
22 through this document. It's from the Congress  
23 of the United States House of Representatives.

24 Do you see that at the very top?

1                   A.       I see it, yes.

2                   Q.       So it's a letter from United  
3       States Congress to George Barrett.

4                               Who's Mr. Barrett?

5                   A.       George used to be the CEO for the  
6       corporation. He became executive chairman of  
7       the board.

8                   Q.       And Michael Kaufmann, who is  
9       Michael Kaufmann?

10                  A.       Michael Kaufmann used to be the  
11       chief executive officer for the pharma segment  
12       and chief financial officer for the corporation  
13       and became the chief executive officer for  
14       Cardinal Health.

15                  Q.       Okay. And if you look at the  
16       second paragraph, it says, "As part of our  
17       investigation, the committee wrote to you on  
18       May 8th, 2017."

19                               Did you ever see a letter from the  
20       Congress of the United States to Cardinal Health  
21       dated May 8, 2017, to your recollection?

22                  A.       I don't recollect seeing that  
23       letter. Like I told you before, you know, my  
24       involvement with the anti-diversion program

1 ended sometime in 2015, so I was not involved  
2 with the day-to-day activities of this  
3 particular program.

4 Q. All right. And if you turn to the  
5 next page, sir. And the reason why I wanted to  
6 know if anybody ever discussed this document  
7 with you is because if you look in the very  
8 first paragraph, it involves the sale of  
9 hydrocodone and oxycodone in West Virginia by  
10 Cardinal Health there 2007 through 2012.

11 Do you see that?

12 A. I see that.

13 Q. And so that was a period of time  
14 that you were the vice president of regulatory,  
15 correct?

16 A. That period of time. Not entire  
17 time. I became --

18 Q. 2009, you became -- you were  
19 there?

20 A. December 2009.

21 Q. Yes, sir.

22 So 2009 to 2012, so that was a big  
23 portion of the time that you were the vice  
24 president, right?



1 MS. WICHT: Object to the form.

2 A. I was the vice president of QRA  
3 for the pharmaceutical segment from  
4 December 1st, 2009. That included 2012.

5 Q. Yeah.

6 So -- and that's what we're  
7 talking about here, right, or the Congress of  
8 the United States is asking Mr. Barrett and  
9 Mr. Kaufmann about, about the sale and  
10 distribution of hydrocodone and oxycodone from  
11 2009 to '12. That's a big portion of this 2007  
12 to '12 time frame, isn't it?

13 MS. WICHT: Object to the form.

14 A. So they're asking Mr. Kaufmann and  
15 Mr. Barrett about 2007 to 2012, I see that.

16 Q. Yeah, okay. But nobody ever came  
17 to you, Mr. Kaufmann or Mr. Barrett, and said,  
18 hey, we got this letter from Congress? This is  
19 when you -- a lot of this time was when you were  
20 in charge, can we talk to you about it?

21 A. I did not talk to Mr. Kaufmann or  
22 Mr. Barrett about this letter.

23 Q. Okay. You didn't talk to anybody  
24 about the letter, did you?

1 A. Not that I recall.

2 Q. All right. Let's look at what the  
3 Congress of the United States is saying to  
4 Cardinal. They're saying that you distributed  
5 from 2007 to 2012 -- this is the first  
6 paragraph -- 241,122,241 doses of hydrocodone  
7 and oxycodone to West Virginia.

8 Now, do you believe those numbers  
9 to be true?

10 A. I don't have the information. I'm  
11 assuming that Congress collected this  
12 information from somebody, but I don't have  
13 information in front of me. So -- and I haven't  
14 done the analysis, so I don't know if that  
15 number is accurate or not.

16 Q. Okay. Well, you don't think  
17 Congress got it wrong, do you?

18 MS. WICHT: Object to the form of  
19 the question.

20 A. I don't have the data to say  
21 Congress calculated the numbers right or  
22 Congress calculated the numbers wrong, because I  
23 don't have the data.

24 MS. WICHT: They put the source of

1           their information in the letter, so it's  
2           whatever it is.

3           Q.     Now when you were -- are you --

4                   MR. GRAY: Counsel, object to the  
5           form if you'd like.

6 BY MR. GRAY:

7           Q.     When you were vice president of  
8     regulatory, did you receive the number of doses  
9     of hydrocodone and oxycodone distributed to West  
10    Virginia from 2009 to 2012?

11          A.     We did analysis, but I don't  
12    recall specifically somebody gave me a number  
13    for dosage that went to West Virginia. Our  
14    analysis were based on a pharmacy-by-pharmacy  
15    basis, and that's how our program operated,  
16    based on pharmacy and our assessment of their  
17    due diligence in terms of filling prescriptions  
18    for legitimate medical purpose.

19          Q.     Did you ever receive information  
20    on a statewide basis of the number of oxycodone  
21    or hydrocodone doses distributed to a specific  
22    state for a specific year when you were vice  
23    president of regulatory?

24          A.     I remember some hit maps based on

1 distribution of drug product, but I don't recall  
2 that they contained the actual number. I don't  
3 remember.

4 Q. Would that have been important to  
5 you in your job to know that there were  
6 241,122 -- or 241,122,241 doses of hydrocodone  
7 and oxycodone being distributed to West Virginia  
8 between 2007 and 2012?

9 MS. WICHT: Object to the form.

10 A. All of the information that is  
11 provided in terms of dosage unit has to be taken  
12 into context with the number of pharmacies that  
13 we serve in a particular state, size of the  
14 state, number of hospitals in the state, the  
15 type of customers that we have in the state. So  
16 there's -- all that information has to be taken  
17 into consideration in regards to the volume.

18 Q. When you were vice president of  
19 regulatory, did you ever go to West Virginia?

20 A. I've been in West Virginia. I  
21 went to our Wheeling DC at least once that I  
22 remember.

23 (Reporter clarification.)

24 Q. And do you know what the

1 population of the state of West Virginia is?

2 A. Not aware of that.

3 Q. 1.8 million.

4 Is 241,122,241 doses of  
5 hydrocodone and oxycodone in relation to 1.8  
6 million people an unusual size?

7 MS. WICHT: Object to the form.

8 A. I wouldn't know. We have to take  
9 into the context and I would have to do an  
10 analysis to determine that whether or not -- I  
11 mean, this is total volume, you know. How many  
12 pharmacies? I don't know. The size of the  
13 pharmacies. So there's a lot of information  
14 that is needed for me to be able to have a  
15 judgment on that.

16 Q. Well, why do you need to know any  
17 more than the population? Why does the number  
18 of pharmacies matter? Isn't it driven by the  
19 population of the state?

20 MS. WICHT: Object to the form.

21 A. The number of pharmacies that we  
22 have is that we have as customers is relevant to  
23 the analysis.

24 Q. Well, if the ratio between 1.8

1 million people and 241 million dosage units, is  
2 that relevant to what -- to unusual size?

3 A. Like I tell you --

4 MS. WICHT: Object to the form.

5 Sorry.

6 A. -- we can take one piece of  
7 information in isolation. It has to be done in  
8 totality, including other information that are  
9 relevant to the analysis. It cannot be done  
10 only when -- like if you send 2 million dosage  
11 units to a veteran hospital, is that a high  
12 size? Yeah, but it's probably a hospital that  
13 needs 2 million dosage unit.

14 Q. Let's go down to Family Discount  
15 Pharmacy, Mount Gay-Shamrock, West Virginia.

16 A. Uh-huh.

17 Q. Do you know where Mount  
18 Gay-Shamrock, West Virginia, is?

19 A. No, sir. I'm not from West  
20 Virginia. I'm from Puerto Rico. Lived in  
21 Texas, Tennessee, Virginia, Pennsylvania, Ohio,  
22 but never in West Virginia.

23 Q. Okay. But do you know what county  
24 Mount Gay-Shamrock, West Virginia is in?

1           A.     Sorry, sir. I don't know exactly  
2     where that county is.

3           Q.     Let's look at this. It says, in  
4     the middle of that paragraph, "According to the  
5     DEA data, between 2006 and 2016, Family Discount  
6     Pharmacy in Mount Gay-Shamrock received a total  
7     of [REDACTED] doses of hydrocodone and oxycodone  
8     from all distributors. According to US census  
9     data in 2010, Mount Gay-Shamrock had a  
10    population of 1,779 people."

11                   Do you see that?

12           A.     I see that.

13           Q.     Now, is that ratio significant to  
14    you, 1,779 people, as far as the population,  
15    receiving [REDACTED] dosage units?

16           A.     I don't know where --

17                   MS. WICHT: Object to the form.

18           A.     I don't know where Mount Gay is  
19    located. I don't know if there are other  
20    population centers close to Mount Gay. I don't  
21    know if there's a cancer hospital in Mount Gay.  
22    There's a lot of information that I will have to  
23    do an assessment on the question that you're  
24    asking me.

1                   Q.     But that in and of itself is not  
2     significant to you?

3                   MS. WICHT:   Object to the form.

4                   Q.     The population and the number of  
5     pills?

6                   MS. WICHT:   Object to the form.

7                   A.     What I'm saying is that to make a  
8     fair assessment of any distribution to any  
9     region of the country, you need to have  
10    additional data.   And many healthcare  
11    professionals would agree with me.

12                  Q.     Let's go down to the next full  
13    paragraph.   "The DEA Automation of Reports and  
14    Consolidated Orders System (ARCOS) data provided  
15    to the committee and referenced in the chart  
16    below indicate that over a five-year period,  
17    Cardinal Health supplied Family Discount  
18    Pharmacy with over 6.5 million hydrocodone and  
19    oxycodone pills."

20                         Do you see that, sir?

21                  A.     Yes.

22                  Q.     Now, was that 6.5 million pills to  
23    one pharmacy, correct, sir?

24                  A.     Over a period of five years.



1 Q. Yeah.

2 Do you see that, sir?

3 A. According to this document.

4 Q. Yeah.

5 Now, we know from looking up top  
6 that there's only 1,779 people in Mount Gay. So  
7 wouldn't that be an unusual size?

8 A. Like I told you --

9 MS. WICHT: Object to the form.

10 A. -- you need to take the totality  
11 of the information, not only the volume. There  
12 are other factors that would make a volume like  
13 that justifiable.

14 Q. Okay. And if -- keep going. "If  
15 accurate, this means that during this period,  
16 Cardinal Health shipped an average of 3,561  
17 hydrocodone and oxycodone pills every day to  
18 this one pharmacy in rural West Virginia."

19 Would that meet the definition,  
20 under the CFR, of unusual frequency?

21 MS. WICHT: Object to the form.

22 A. Like I said before, you would need  
23 the totality of the information to make an  
24 assessment whether or not that volume is

1 appropriate for that particular pharmacy. I  
2 don't know if that pharmacy was serving a  
3 hospice clinic or hospice facility. I would  
4 have to have a lot more information to make that  
5 assessment.

6 Q. And when your staff brought this  
7 information at Family Discount Pharmacy to your  
8 attention, did you do that analysis that you're  
9 talking about?

10 MS. WICHT: Object to the form.

11 A. I don't -- I review hundreds of  
12 pharmacy. I don't review this particular  
13 pharmacy.

14 Q. Okay. You never reviewed this  
15 one? Nobody ever brought this one to your  
16 attention?

17 A. No, I'm not saying that. I'm  
18 saying that I don't recall the review of this  
19 particular pharmacy.

20 Q. So this size volume just really  
21 didn't hit your radar screen? Because you would  
22 have recalled it if it was something that was  
23 significant, wouldn't you?

24 MS. WICHT: Object to the form.

1 Mischaracterizes.

2 A. I disagree with your statement. I  
3 review hundreds of pharmacies with my team, and  
4 the recollection of the name of a particular  
5 pharmacy is not something that I could tell you  
6 that I remember this particular one or any other  
7 particular one.

8 Q. Last sentence, "This means that  
9 Cardinal Health alone shipped an average of  
10 approximately 731 opioid pills per year to every  
11 man, woman, and child in Mount Gay."

12 Now, that, sir, that would be an  
13 unusual size order pursuant to 21 CFR that we  
14 discussed earlier, correct?

15 A. I could not say that --

16 MS. WICHT: Object to the form.

17 A. I could not say that without  
18 reviewing the totality of information that we  
19 have for this particular pharmacy.

20 Q. All right. Let's go to 43.4.  
21 Hurley -- in the middle there, Hurley Drug  
22 Company, Williamson, West Virginia.

23 Do you know where Williamson, West  
24 Virginia is?

1 A. No, sir. Sorry about that.

2 Q. Never been there?

3 A. I don't remember ever being in  
4 Williamson, West Virginia.

5 Q. Okay. What if I told you that  
6 Williamson County -- Williamson, West Virginia  
7 is in Mingo County and Family Discount Drug is  
8 in Logan County, they're right next to each  
9 other? Two small, little counties in West  
10 Virginia.

11 MS. WICHT: Object. I don't know  
12 what the question is.

13 BY MR. GRAY:

14 Q. You don't know? You've never  
15 investigated, never been to West Virginia,  
16 except one time to your DC, correct?

17 MS. WICHT: Let him ask a question  
18 before you give an answer, please.

19 Okay?

20 Go ahead and pose a question.

21 BY MR. GRAY:

22 Q. Is that true, sir? The only  
23 place --

24 A. What was the question?

1 Q. The only place you've been in West  
2 Virginia is your DC?

3 A. I've driven by West Virginia. I  
4 don't remember ever staying in West Virginia. I  
5 remember visiting our DC. I don't remember if  
6 it was once or more than once, but I have  
7 visited our DC in West Virginia.

8 Q. Never been to Mingo County?

9 MS. WICHT: Objection. Asked and  
10 answered.

11 A. Sir, I don't know where Mingo  
12 County is.

13 Q. Okay. According -- right under  
14 this, Hurley Drug, Williamson, West Virginia.

15 I'm reading this. "According to DEA data,

16 [REDACTED]

[REDACTED]

[REDACTED]

19 Do you see that, sir?

20 A. Is that on the next page?

21 MS. WICHT: I think he's on 4.

22 THE WITNESS: 4?

23 MS. WICHT: Yeah.

24 A. That's what it says in this

1 document.

2 BY MR. GRAY:

3 Q. Okay, sir. And down at the  
4 next-to-the-last paragraph, it says, "According  
5 to US census data, Williamson's population was  
6 3,191 in 2010."

7 Do you see that?

8 A. Where is that in the document?

9 Q. Page 43.4.

10 A. Okay. Towards the end of the  
11 document.

12 Q. Very last paragraph.

13 A. Okay.

14 Q. So, again, the ratio of population  
15 to the amount of pills, 3,191 population, and  
16 [REDACTED] under the rules and  
17 regulations that we talked about, the letter and  
18 the CFR, does that -- as the vice president of  
19 regulatory, is that something that you would say  
20 is an unusual size under the regulation?

21 MS. WICHT: Object to the form.

22 A. The letter is not the regulation.  
23 The regulation is the Controlled Substances Act.

24 Q. Under the Controlled Substances

1 Act, would you say that's an unusual size for a  
2 population of 3,191 people?

3 A. You would have to see the totality  
4 of information, like I told you before. You'd  
5 have to look at other factors to determine if  
6 that particular size was appropriate for that  
7 pharmacy during that period of time.

8 Q. Okay. And what are the factors  
9 you would want to look at?

10 A. There's many factors as  
11 demographics of the area.

12 Q. What specifically about the  
13 demographics of 3,191 people?

14 A. Demographics in terms of, we have  
15 employees, workers' compensation because they've  
16 got injuries, you have to check their hospitals  
17 in the area, if they serve hospice, if that  
18 particular county is close to other counties  
19 that have larger population. Many, many  
20 factors.

21 Our focus is -- in the due  
22 diligence process is, is the pharmacy conducting  
23 their due diligence and filling prescriptions  
24 for legitimate medical use.

1                   Q.     How big would the hospice need to  
2     be?

3                   MS. WICHT:   Object to the form of  
4                   the question.

5                   A.     I personally do not know that, but  
6     is one of the -- is one of the information that  
7     my team at that time will ask the pharmacy if  
8     they served hospices.

9                   Q.     So that would be something that  
10    Mr. Moné would be better to answer, right, the  
11    size of -- that a hospice would need to be?

12                  MS. WICHT:   Object to the form.

13                  A.     I think Mr. Moné had more details  
14    on the mechanics of the program at that time  
15    than I do in terms of the details.

16                  Q.     And in a town of 3,191 people, how  
17    many beds would the hospital need to have?

18                  MS. WICHT:   Object to the form.

19                  A.     You're asking me for details that  
20    I was not involved in the day-to-day execution  
21    of the program and the evaluation of this  
22    pharmacy, but I'm sure my staff evaluated this  
23    pharmacy, then made decisions according to their  
24    best judgment and information that they had.



1 Q. Well, you just told us that you  
2 looked at hundreds of pharmacies every year,  
3 right?

4 A. I look -- I have looked at  
5 hundreds of pharmacies.

6 Q. Do you recall looking at Hurley  
7 Drug Company in Williamson, West Virginia?

8 A. I don't recall. It's possible,  
9 but I don't recall.

10 Q. Doesn't stand out to you, correct?

11 MS. WICHT: Object to the form.

12 A. I don't recall. I've reviewed so  
13 many pharmacies. I've had -- reviewed so many  
14 pieces of information in my company that I don't  
15 recall every single item that I have reviewed  
16 over a nine-year period.

17 Q. So in your role as vice president  
18 at Cardinal Health over regulatory, a pharmacy  
19 like Hurley Drug Company would not stand out,  
20 and doesn't stand out, because you don't recall  
21 it, correct?

22 MS. WICHT: Objection to the form.

23 Mischaracterizes testimony.

24 A. I think the characterization is

1     inaccurate. I think it would have been reviewed  
2     by somebody. I don't know when and how and the  
3     determinations that were made. I don't recall  
4     that.

5             Q.     Did you ever instruct your staff  
6     on these issues about how big a pharmacy -- I  
7     mean, how big a hospice should be or how big a  
8     hospital should be? Did you ever have  
9     discussions with them about that in these --  
10    concerning these small, rural counties in West  
11    Virginia?

12                   MS. WICHT: Object to the form.

13             A.     I don't recall having specific  
14    discussions on the size of hospice. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

■ [REDACTED] ■

■ [REDACTED]

3 Q. And in your discussions, did you  
4 ever -- well, during the period of time that you  
5 were vice president of regulatory, did West  
6 Virginia, as a state in the amount and number of  
7 opioid drugs being distributed by Cardinal  
8 Health to West Virginia, was that ever a focus  
9 at any meetings that you had with your team?

10 A. I remember reviewing pharmacies in  
11 West Virginia.

12 Q. But the state as a whole, did you  
13 ever look at the state as a whole?

14 A. I remember reviewing several  
15 pharmacies in West Virginia. I do not have  
16 recollection of the names of those pharmacies.

17 Q. You don't recall any of those  
18 pharmacies, correct?

19 MS. WICHT: Object to the form.

20 A. If you ask me to mention name of  
21 pharmacies right now, I would not recollect. We  
22 have thousands of customers.

23 Q. And when -- and no one ever came  
24 to you after Cardinal received this letter to

1 discuss Hurley Drug with you, correct?

2 A. I don't recall --

3 Q. And no one --

4 A. -- this letter being discussed  
5 with me.

6 Q. Okay. Well, Hurley Drug, did they  
7 ever come to you to discuss Hurley Drug with  
8 you?

9 A. I don't recall.

10 Q. And did they ever come and discuss  
11 with you Family Discount Pharmacy?

12 A. I don't recall.

13 Q. And when you were vice president  
14 of regulatory, in your role, did you ever  
15 discuss with your team the volume of opioids  
16 being distributed in the state of West Virginia?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. I recall us discussing volumes to  
20 specific pharmacies in West Virginia, but do not  
21 recall specific what pharmacies we evaluated.

22 Q. Okay, sir. I really want you to  
23 listen to my question, okay, because I know  
24 you've got a flight to catch, and you need to

1 listen to my question and see if you can answer  
2 it. Okay?

3 A. Uh-huh.

4 Q. My question is: When you were the  
5 vice president at Cardinal Health in charge of  
6 regulatory, did you ever discuss the amount of  
7 opioid narcotics being distributed by Cardinal  
8 Health in the entire state of West Virginia?  
9 Yes or no?

10 MS. WICHT: Object to the form.

11 A. I cannot say that I recall one way  
12 or another. [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

18 Q. For a state of 1.8 million people,  
19 what would be a large volume of opioids being  
20 distributed in that state per year?

21 MS. WICHT: Object to the form.

22 A. Sir, I cannot tell you. What I  
23 told you before, you have to look at the  
24 totality of information.

1           Q.     Okay. Well, why don't you know  
2     the totality of West Virginia? I mean, Cardinal  
3     Health had a distribution center, didn't they,  
4     in West Virginia?

5                     MS. WICHT: Object to the form.

6           A.     We did have -- we do have a  
7     distribution center in Wheeling, West Virginia.

8           Q.     Okay. And did you ever spend the  
9     night in West Virginia?

10          A.     I don't remember spending the  
11     night. It's possible that I stay in West  
12     Virginia when I visited them, but it's possible  
13     that I drove back that day. I don't recall.

14          Q.     You don't recall, all right.

15                     Do you have -- are you familiar,  
16     in your role as vice president of regulatory  
17     that distributed narcotic opioids to West  
18     Virginia, how many hospitals there are in West  
19     Virginia?

20          A.     Sir, I don't have that -- I don't  
21     recall that information. I don't have that  
22     information.

23          Q.     How about how many hospices there  
24     are?

1           A.     Sir, I don't recall that  
2     information.

3           Q.     How about any of the demographics  
4     that you talked to me about earlier, do you know  
5     that about West Virginia?

6           A.     I don't --

7                     MS. WICHT: Object to the form.

8           A.     I don't recall any of that  
9     information about West Virginia or any other  
10    state in the nation.

11          Q.     Okay. Don't know about it Ohio,  
12    do you?

13          A.     I don't -- know the population of  
14    Puerto Rico. I think it's 3.4 million. But  
15    other than that, I cannot tell you what the  
16    population of Ohio is.

17          Q.     Don't know what the population of  
18    Ohio is.

19                   Do you know the population of  
20    Cuyahoga County, Ohio?

21          A.     No, sir.

22          Q.     How about Summit County, do you  
23    know that population?

24          A.     No, I don't.

1 Q. Do you know the demographics of  
2 Cuyahoga County, Ohio?

3 A. I don't know, sir.

4 Q. Do you know the demographics of  
5 Summit County, Ohio?

6 A. (Shakes head.)

7 Q. Do you know where Cuyahoga County  
8 is?

9 A. No, sir.

10 Q. You don't know --

11 A. I know Franklin County.

12 Q. You're telling this jury that you  
13 don't know where Cuyahoga County, Ohio is?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. I don't know that, sir.

17 Q. Are you telling this jury you  
18 don't know where Summit County, Ohio is?

19 A. Sir, I don't know where Summit,  
20 Ohio, County is.

21 Q. Never been there, as far as you  
22 know?

23 A. I don't know. I could have driven  
24 by it in my -- some place. I drive all over the



1 place, so I'm assuming I've been in many  
2 different places. But if you tell me a county,  
3 I will not know what the name of the county.  
4 Counties that I'm familiar with: Franklin  
5 County, Delaware County. That's where I reside  
6 and that's where I work.

7 Q. Okay. Do you know the population  
8 of Cuyahoga County?

9 A. Sir, I told you I didn't know  
10 where Cuyahoga County was, so how can I know the  
11 population if I don't even know where it is.

12 Q. How about Puerto Rico, do you know  
13 the population of Puerto Rico?

14 A. Around 3.4 million people.

15 Q. How about San Juan?

16 A. I'm not sure of the population. I  
17 think it's closer to a million, but I'm not sure  
18 of that either.

19 Q. Closer to a million?

20 A. I think. I'm not sure.

21 MR. GRAY: 4019, please.

22 - - -

23 (Cardinal-Quintero Exhibit 15 marked.)

24 - - -

1 BY MR. GRAY:

2 Q. Sir, let me show you what is  
3 P1.4019, if you turn to Page 2. We've marked  
4 that as Plaintiff's Exhibit Number 15 to your  
5 deposition.

6 Have you ever seen this document  
7 before, sir?

8 A. Yes, I have seen this document  
9 before.

10 MS. WICHT: Maybe mine is just  
11 missing some pages. I don't have a  
12 Page 1 or a Page 2 in my copy.

13 MR. GRAY: Oh, really?

14 MS. WICHT: It may be that the  
15 witness does. I can't tell whether we  
16 have the same thing or not.

17 MR. GRAY: I'm sorry.

18 MS. WICHT: It's okay.

19 MS. WADHWANI: I don't either, but  
20 I'm not necessary.

21 MR. GRAY: I apologize.

22 MS. WICHT: That's okay. I just  
23 want to make sure it's the same thing.  
24 That's all.

1                   Would you turn to Page 3 on yours  
2                   and I can just check that it's the same  
3                   thing?

4                   MR. GRAY:   Why don't you check and  
5                   make sure he's got --

6                   MS. WICHT:   Okay.  It appears to  
7                   be.  It's -- we can go ahead, and if  
8                   there's something I need to take a look  
9                   at, I will do that.

10                  MR. GRAY:   Okay.  I'm sorry.

11                  MS. WICHT:   That's okay.

12   BY MR. GRAY:

13                  Q.    Actually, sir, if you look at  
14   Page 3, 40193 --

15                  A.    Yes.

16                  Q.    -- now -- well, actually, if you  
17   turn back to Page 2.  I'm sorry.  Just the first  
18   sentence of paragraph -- numbered paragraph 2  
19   which says, "On September 30th, 2008, Cardinal  
20   entered into an Administrative Memorandum of  
21   Agreement with the DEA."

22                  Do you see that, sir?  I'm just  
23   using it as a reference.  And you talked to my  
24   colleague, Mr. Kroeger, about the 2008 MOA.

1 Do you recall that?

2 A. Uh-huh.

3 Q. Okay. And if you turn to the next  
4 page, despite the -- and if you look at  
5 Paragraph 3, "Despite the MOA, the specific  
6 guidance provided to Cardinal by the DEA, and  
7 despite the public information readily available  
8 regarding oxycodone epidemic in Florida,  
9 Cardinal has failed to maintain effective  
10 controls against the diversion of controlled  
11 substances into other than legitimate medical,  
12 scientific, and industrial channels, in  
13 violation of 21 USC Section 823(b)(1) and  
14 (e)(1)."

15 Do you see, that sir?

16 A. I see that language in the  
17 document.

18 Q. And so the DEA indicated here that  
19 they gave you specific guidance and you failed  
20 to follow it.

21 Do you see that?

22 MS. WICHT: Object to the form.

23 A. This is in the first sentence it  
24 says that?

1 Q. Yeah. And, in fact, they're  
2 telling you that you violated the law, correct?

3 MS. WICHT: Object to the form.

4 A. I think the language there says in  
5 violation of 21 USC (b)(1) and (1)(e) -- I  
6 believe that's an (1) or (1).

7 Q. And do you recall earlier when we  
8 were going through the 2006 letter that you  
9 looked at when you first came to 2009, that it  
10 talked about what 21 USC -- what the DEA thought  
11 21 USC Section 823 instructed Cardinal on? Do  
12 you recall that?

13 MS. WICHT: Object to the form,  
14 foundation.

15 MR. GRAY: You can look at the  
16 foundation. It's in the letter. You  
17 and I talked about it. It's effective  
18 controls.

19 THE WITNESS: Is this the document  
20 you're talking about (indicating)?

21 MR. GRAY: No, sir. It's this  
22 document here, 4050, the letter that you  
23 reviewed from 2006 from the DEA.  
24

1 BY MR. GRAY:

2 Q. Specifically, sir, if you just go  
3 back and look at 4050.3.

4 Could you pull that up, sir.

5 4050.3, and in the third full  
6 paragraph, 21 USC 823(e).

7 Do you see that in the middle,  
8 sir? And what the DEA in this letter's telling  
9 Cardinal Health is that they have a duty of a  
10 distributor to maintain effective controls  
11 against diversion of controlled substances into  
12 other than legitimate medical, scientific and  
13 industrial channels.

14 And you understood that; we talked  
15 about it earlier. You understood that was one  
16 of the requirements that the DEA placed on  
17 Cardinal Health in order to distribute opioids,  
18 correct?

19 MS. WICHT: Object to the form of  
20 the question.

21 A. The regulations of the Controlled  
22 Substances Act requires us to have effective  
23 controls against diversion, which I believe --

24 Q. Yes, sir.

1           A.     -- we have and we have done in the  
2     past.

3           Q.     Well, I know you believe it, but  
4     if you go to this document that I've just shown  
5     you, P1.4019, Page 3, the DEA said you failed to  
6     maintain effective controls against diversion in  
7     violation of the law, correct?

8           A.     We disagree with that statement.  
9     We have fulfilled our regulatory requirements of  
10    developing effective controls against diversion  
11    of controlled substances, as we had shown by our  
12    termination over 350 customers during the period  
13    of time that I remember.

14          Q.     Sir --

15          A.     I believe that number is probably  
16    much higher now.

17          Q.     Okay. Well, sir, are you aware  
18    that your company paid a \$34 million fine for  
19    this failure?

20                 MS. WICHT: Object to the form of  
21    the question.

22          A.     I'm aware that we reached a  
23    settlement with the US Department of Justice and  
24    that we paid a sum of money as part of the

1 settlement.

2 Q. Do you understand it was  
3 \$34 million?

4 A. I understand that we paid in  
5 settlement.

6 Q. You don't know it was 34 million?

7 A. I think it's -- I don't recall the  
8 exact number. Don't have any reason not to  
9 believe that it's 34, but I would have to check  
10 the settlement to refresh my mind.

11 Q. It's really 44 million, but we'll  
12 get to that. But for this problem, you paid  
13 34 million.

14 Do you understand that?

15 MS. WICHT: Objection.

16 Q. Did anybody at Cardinal Health  
17 ever tell you that they paid \$34 million for  
18 this failure?

19 MS. WICHT: Object to the form of  
20 the question.

21 A. Repeat the question again.

22 Q. Did anybody at Cardinal Health  
23 ever tell you they paid \$34 million for this  
24 failure to maintain effective controls?



1 MS. WICHT: Object to the form of  
2 the question.

3 A. Cardinal Health, they had -- I was  
4 told that we paid an amount of money, and I  
5 don't disagree with \$34 million, as part of a  
6 settlement that we reached with the food and  
7 drug -- I mean, the Drug Enforcement  
8 Administration.

9 Q. Is \$34 million a lot of money to  
10 Cardinal Health?

11 MS. WICHT: Object to the form of  
12 the question.

13 A. \$34 million is a lot of money.

14 Q. It's more than you put into your  
15 capital improvements for diversion, correct?

16 MS. WICHT: Object to the form of  
17 the question. Mischaracterizes prior  
18 testimony.

19 A. \$34 million is a lot of money.

20 Q. A lot of money, okay.

21 And you put \$25 million into your  
22 capital improvements, right?

23 MS. WICHT: Object to the form.

24 Q. To your -- during the period of

1 time that you were in diversion?

2 MS. WICHT: Object to the form of  
3 the question.

4 A. Plus thousands of dollars and  
5 millions of dollars in operating the  
6 anti-diversion system.

7 Q. Do you know what the total revenue  
8 of Cardinal Health was from 2009 to 2018?

9 A. Don't recall, sir.

10 Q. Trillion dollars. More than a  
11 trillion.

12 Is 25 million a lot compared to a  
13 trillion?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. It depends what the profit margin  
17 is for those amount of money. I don't believe  
18 that we made that much money in profit.

19 Q. Yeah, profit's important.

20 Okay. Let's go back to 4019.3.

21 Let's look at what the DEA said. I want to ask  
22 you some questions about that.

23 In 4a, from 2008 to 2009,  
24 Cardinal's sales to its top four retail pharmacy

1 customers increased to approximately 803  
2 percent.

3 Now, what I want to ask you about  
4 that is, you and I have talked about the law.  
5 Do you think that 803 percent increase is  
6 unusual size or frequency for pattern?

7 MS. WICHT: Object to the form of  
8 the question.

9 Q. And I'm asking you this in your  
10 context as a vice president of regulatory.

11 A. It's an --

12 MS. WICHT: Same objection.

13 A. It's an increase in volume that  
14 should be looked at.

15 Q. Okay. So it would meet one of  
16 those three criteria, correct, as a suspicious  
17 order?

18 MS. WICHT: Objection to the form  
19 of the question.

20 A. I did not -- I did not say that  
21 and you're mischaracterizing my answer. It's a  
22 volume that I think would be appropriate to  
23 evaluate to determine if it's concerning or not.

24 Q. Well, if we go back to 21 CFR

1 Section 1301.74, which is P1.419 [sic], which we  
2 have up here on the screen, at the very last  
3 sentence, sir, it says, "Suspicious orders  
4 include orders of unusual size."

5 Okay? And then it says,  
6 "Suspicious orders include orders deviating  
7 substantially from a normal pattern." And then  
8 it says, "Suspicious orders include orders of  
9 unusual frequency."

10 So this 803 percent in one year,  
11 which one of those three would it -- in your  
12 mind, as vice president of regulatory, which one  
13 of those three would it meet?

14 MS. WICHT: Object to the form of  
15 the question. Foundation.  
16 Mischaracterize.

17 A. The increase would hit likely a  
18 threshold event, which requires other members of  
19 our staff to assess whether or not that increase  
20 is justifiable for legitimate medical reasons.  
21 And if it is justifiable, that was the system  
22 that we had at that time and that was agreed  
23 with the agency in our meeting of 2009 that the  
24 order didn't have to be reported as suspicious

1 after that assessment was done.

2 Q. Yeah, but --

3 A. It cannot be determined to be  
4 suspicious until an assessment was done. That  
5 was the agreement that we had with the agency at  
6 that time.

7 Q. Now, I want you to -- it's right  
8 there on the screen. I want you to look at the  
9 law, and I want you to tell me where all of that  
10 that you just said is in the law.

11 A. It says --

12 MS. WICHT: Object to the form of  
13 the question.

14 A. The interpretation that we had  
15 with the agency at that time, based on the  
16 meeting that we had in 2009 with Ruth Carter and  
17 Sue Langston was the definition that we were  
18 using to determine what was a suspicious order,  
19 which was consistent with the regulatory  
20 requirements as we understood it and as we  
21 thought expectations of the agency were at that  
22 time.

23 Q. Okay. Well, obviously you got it  
24 wrong, correct?

1 MS. WICHT: Object to the form of  
2 the question. Argumentative.

3 A. I wouldn't say that we got it  
4 wrong. I would say that the agency changed the  
5 interpretation of the regulations and we had  
6 multiple opportunities for the agency to tell us  
7 that our interpretation was wrong and it was  
8 never done.

9 Q. Okay. Well, go back to my  
10 question. Where in the law does it say all of  
11 that stuff you're talking to me about? What the  
12 law says is, suspicious orders include orders of  
13 unusual size; suspicious orders include orders  
14 deviating substantially from the normal pattern;  
15 orders of unusual frequency.

16 So this 803 percent, which one of  
17 those would it be?

18 MS. WICHT: Objection. Asked and  
19 answered.

20 Q. Is it unusual size, or is it  
21 deviating from normal pattern or frequency?  
22 Which one is it?

23 MS. WICHT: Objection. Asked and  
24 answered.

1 Q. I want you to look at the law, not  
2 your interpretation.

3 MS. WICHT: Objection. Asked and  
4 answered. Several times.

5 A. I'm looking at -- I've answered  
6 that question more than once. And I told you,  
7 you know, we had a meeting with the DEA --

8 Q. Sir, sir, I'm not asking about the  
9 meeting --

10 A. -- in 2009 where, we discussed --

11 Q. -- what I'm asking about is the  
12 law. The law.

13 MS. WICHT: Okay. Let him answer  
14 the question.

15 MR. GRAY: We're going to be here  
16 all day.

17 MS. WICHT: Well, you have seven  
18 hours total, so keep going.

19 BY MR. GRAY:

20 Q. Where under the law is Section 21  
21 CFR 1301.74, P1.4915, does it say anything other  
22 than a suspicious order includes orders of  
23 unusual size, orders deviating substantially  
24 from a normal pattern, and orders of unusual

1 frequency?

2 MS. WICHT: Object to the form.

3 And asked and answered.

4 A. We were following the regulations  
5 as we understood at that time.

6 Q. Sir, answer my question. Where  
7 does it say anything other than what I read?

8 MS. WICHT: Object to the form.

9 A. I maintain my previous answer  
10 that, this language was discussed with members  
11 of DEA and headquarters. We agreed on the  
12 interpretation of the language and we were  
13 executing our program according to that  
14 interpretation.

15 Q. Okay. And you weren't at this  
16 meeting?

17 A. Like I told you before, I got to  
18 Cardinal Health December 1st, 2011. That  
19 meeting occurred earlier that year.

20 Q. And nobody ever showed you a  
21 document from the DEA about that meeting?

22 MS. WICHT: Objection. Asked and  
23 answered.

24 A. I had updates from several members



1 of the Cardinal Health team, including Michael  
2 Moné, including Bob Giacalone, including my  
3 boss, with a consistent interpretation of the  
4 outcome of the meeting with the DEA. The DEA  
5 had plenty of opportunity to tell us that our  
6 interpretation was not adequate during the  
7 dozens and dozens of cyclic inspections that we  
8 had, and that was --

9 Q. And that's exactly what they're  
10 doing in this document, 4019, is telling you  
11 that you failed and you broke the law, correct?

12 A. We were --

13 MS. WICHT: Object to the form of  
14 the question.

15 Q. Is that true, sir?

16 A. We were surprised by the agency  
17 taking this action against us because it was our  
18 understanding that we were meeting the  
19 expectations of the agency. And it was our  
20 understanding that we were performing according  
21 to the regulatory requirements of the Controlled  
22 Substances Act.

23 Q. Well, you were -- you were so  
24 surprised -- did Cardinal Health put you in

1 charge of trying to get the \$34 million back you  
2 paid in a fine?

3 MS. WICHT: Object to the form of  
4 the question.

5 A. I don't work for sales. My job is  
6 in regulatory, it's make sure that we have  
7 regulatory programs that helps the company  
8 comply with the regulatory requirements.

9 Q. In fact, you were so surprised  
10 that you were just clearly interpreting the  
11 rules and regulation and laws concerning  
12 distribution just completely improperly, right?

13 MS. WICHT: Object.

14 Q. I mean, you're going --

15 A. I don't believe that --

16 MS. WICHT: Object to the form of  
17 the question.

18 A. I don't believe at that time we  
19 had that understanding. At that time, we felt  
20 that we were meeting our regulatory  
21 requirements, as I told you, and that was the  
22 understanding that we had with -- from the  
23 meeting that we had with Barbara Boockholdt and  
24 Sue Langston.

1 Q. And despite this document in front  
2 of you right now, P1.4019.2 and the \$34 million  
3 fine and everything that's contained in it,  
4 you're still surprised, aren't you?

5 MS. WICHT: Object to the form of  
6 the question.

7 A. I was -- we were surprised at that  
8 time and we made changes to the program.

9 Q. And you're still surprised. My  
10 question is, are you still surprised?

11 MS. WICHT: Let him finish his  
12 answer, please.

13 MR. GRAY: Well, he's not  
14 answering the question.

15 BY MR. GRAY:

16 Q. Are you still surprised? That's  
17 the question.

18 A. We were surprised at that time,  
19 and no longer surprised. I mean, that happened  
20 a long time ago, so we -- I was surprised at  
21 that time. We made changes to our program  
22 according to the new expectations from the  
23 agency.

24 MS. WICHT: We've been going about

1 an hour and ten minutes. Whenever it is  
2 a good time to take a short break.

3 MR. GRAY: Okay. That's fine.

4 VIDEOGRAPHER: Time is now 2:28.  
5 Going off the record.

6 (Recess taken.)

7 VIDEOGRAPHER: Time is now 2:46.

8 Back on the record.

9 - - -

10 (Cardinal-Quintero Exhibit 16 marked.)

11 - - -

12 BY MR. GRAY:

13 Q. Mr. Quintero, I'm showing you what  
14 we've marked as Plaintiff's Exhibit 16 to your  
15 deposition, P1.565. I want to ask you if you've  
16 ever seen this document before.

17 A. I believe I have seen this before.

18 Q. And at the very top,  
19 "Administrative Memorandum of Agreement," do you  
20 see that, sir?

21 A. Yep.

22 Q. Okay. And if you look at 5a, can  
23 you read that into the record for me, please.

24 A. 5a?

1 Q. Yes, sir.

2 A. "The Order to Show Cause" --

3 Q. No, 5 -- well, just 5a.

4 MS. WICHT: You can't read a  
5 subparagraph without reading the  
6 heading.

7 MR. GRAY: He can read the whole  
8 document in the record. That's fine.

9 MS. WICHT: Sure.

10 MR. GRAY: If counsel doesn't like  
11 you to read just a sentence, go ahead  
12 and just read the whole thing.

13 MS. WICHT: Just trying to not be  
14 misleading.

15 MR. GRAY: Okay. I'll tell you  
16 what.

17 BY MR. GRAY:

18 Q. 5a, I'll read it. "Despite the  
19 2008 MOA, Cardinal Lakeland failed to maintain  
20 effective controls against diversion of  
21 particular controlled substances into other than  
22 legitimate medical, scientific, and industrial  
23 channels as evidenced by sales of certain  
24 customers of Cardinal."

1 Do you see that, sir?

2 A. I see that.

3 Q. And did anyone at Cardinal Health,  
4 or did you direct anyone at Cardinal Health, to  
5 do a list of all the problems that the DEA found  
6 at the Cardinal Lakeland facility?

7 MS. WICHT: Object to the form of  
8 the question.

9 A. Repeat that again.

10 Q. Let's do it this way. Did you  
11 direct anyone to come up with a list of all of  
12 the ways that Cardinal Health Lakeland failed to  
13 maintain effective controls against diversion?

14 MS. WICHT: Object to the form of  
15 the question.

16 A. I spoke with my staff about some  
17 of the allegations made by the agency, and we  
18 talked about, how do we make sure that we meet  
19 the new requirements that the agency was  
20 imposing on us.

21 Q. These aren't really allegations,  
22 are they?

23 MS. WICHT: Object to the form of  
24 the question. The document refers to it

1 as an allegation, counsel.

2 A. This says above "alleged."

3 Q. Okay. Let's look at the next  
4 page. First paragraph, "Cardinal admits that  
5 its due diligence efforts for some pharmacy  
6 customers and its compliance with the 2008 MOA,  
7 in certain respects, was inadequate."

8 Do you see that?

9 A. I'm trying to locate where that  
10 language -- what number?

11 Q. Do you see it? See it? See it?  
12 "Cardinal admits." Do you see that? First  
13 paragraph.

14 A. Oh.

15 Q. Yeah.

16 Do you see that admission,  
17 "Cardinal admits"?

18 A. I see that's what it says in the  
19 agreement -- the Memorandum of Agreement.

20 Q. Okay.

21 A. But my understanding is that we  
22 were meeting the expectations of the agency, and  
23 those expectations changed over time.

24 Q. Well, you said you'd seen this

1 document. Who did you talk to about Cardinal's  
2 admission that its due diligence efforts for  
3 some pharmacy customers and its compliance with  
4 the 2008 MOA, in certain respects, were  
5 inadequate? Who did you talk to at the company  
6 about that?

7 MS. WICHT: Mr. Quintero, you  
8 can -- I don't know whether you had  
9 discussions with lawyers about that  
10 subject.

11 MR. GRAY: If you had it with  
12 lawyers, don't tell me what you -- the  
13 discussion with the lawyers, but you can  
14 tell me you had it with legal.

15 MS. WICHT: Sir, I'll instruct him  
16 on issues of privilege. It's Cardinal  
17 Health's privilege, and I'll instruct  
18 him about what he can and cannot reveal  
19 under the privilege.

20 I agree that if -- what I was  
21 about to tell him, if you wouldn't have  
22 interrupted me, was that if he had  
23 discussed it with lawyers, he could  
24 identify those lawyers, but he should



1 not reveal the substance of any  
2 communications.

3 A. Most of those conversations that I  
4 remember, probably all conversations, were in  
5 front of our chief legal regulatory counsel, Bob  
6 Giacalone, or with Mr. Morford, our chief legal  
7 counsel.

8 Q. Okay. So you had -- and as your  
9 lawyer said, you don't have to tell us the exact  
10 discussions, but you learned of this -- these  
11 Cardinal admissions with discussions with legal,  
12 correct?

13 MS. WICHT: Object to the form of  
14 the question.

15 THE WITNESS: Can I answer?

16 MS. WICHT: You can answer that  
17 yes or no, if you're able to, if you  
18 understand the question.

19 A. Yes.

20 BY MR. GRAY:

21 Q. Okay, sir.

22 Just so the record's clear, sir,  
23 you were the vice president of regulatory when  
24 that last exhibit, 565, was in place, correct,

1 2012?

2 A. I was the senior vice president of  
3 quality and regulatory affairs for the  
4 pharmaceutical segment.

5 - - -

6 (Cardinal-Quintero Exhibit 17 marked.)

7 - - -

8 BY MR. GRAY:

9 Q. Let me show you what's P1.4224  
10 [sic], and has been marked as Plaintiff's  
11 Exhibit 17 to your deposition, sir, and ask you  
12 if you've ever seen this document.

13 A. What's the date of the document?

14 Q. 12/22/16. It's on the front  
15 stamped.

16 A. I don't recall seeing this  
17 particular document. This document was probably  
18 produced after I did not have direct  
19 responsibility for supervising the  
20 anti-diversion program.

21 Q. Okay. When did you leave that  
22 position?

23 A. I believe during the summer of  
24 2015. Could have been August or September of

1 2015.

2 Q. Okay. And no one at the company  
3 has ever showed you this consent order before?

4 A. I don't remember seeing it.

5 Q. Okay. Did anyone at the company  
6 ever discuss this consent order with you?

7 A. We may have had some conversations  
8 with the members of the legal team.

9 Q. Okay. All right. Sir, if you  
10 look at 4222.2, the next page, third paragraph.  
11 "Whereas, the complaint alleges that between  
12 January 1, 2011 and May 14, 2012."

13 Now, that period of time, you were  
14 the vice president of QRA, correct?

15 A. I was senior vice president --

16 Q. Senior vice president.

17 A. -- of quality and regulatory  
18 affairs for the pharmaceutical segment.

19 Q. Okay. And it indicates, "The  
20 complaint alleges that between January 1, 2011  
21 and May 14, 2012, Defendant committed reporting  
22 violations of the CSA regulations by failing to  
23 adequately operate a system designed to identify  
24 suspicious orders of controlled substances and

1 inform the DEA of those suspicious orders  
2 pursuant to 21 CFR Section 1301."

3 Do you see that, sir?

4 A. Yes, I see it.

5 Q. Okay. And if you -- if we can go  
6 back to P1.1941, please. I believe that's  
7 Exhibit -- I'm not exactly sure what exhibit it  
8 is. Exhibit 4 to your deposition.

9 Do you have it, sir? Mr. Kroeger  
10 asked you about this document. Now, in 4222.2,  
11 the government is indicating that you failed to  
12 inform the DEA of suspicious orders pursuant to  
13 21 CFR 1301, and in Exhibit 4, 1941, Mr. Mahoney  
14 is indicating that you told them that Cardinal  
15 does not report suspicious orders to the DEA.

16 Do you see that?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. Yeah. And I told you that -- told  
20 your colleague that statement is completely  
21 incorrect. If you see, during that period of  
22 time of 2013, we had reported thousands of  
23 suspicious orders to DEA. Thousands.

24 Q. In 4222, Exhibit 17, the

1 government's saying you didn't do it. You  
2 didn't report suspicious orders pursuant to  
3 21 CFR Section 1301.

4 Do you see that?

5 A. We always report suspicious  
6 orders, and if you look at the record, during  
7 when conversation took place, I'm not sure who  
8 Mr. Mahoney is, but he has his information  
9 incorrect, because at this point in time, I can  
10 tell you we were reporting thousand of orders to  
11 DEA.

12 Q. Well, what I want you to look at,  
13 sir, is 4222. Okay? Exhibit 17 to your  
14 deposition. Do you see that?

15 A. Uh-huh.

16 Q. Okay. Well, the DEA -- the  
17 government's saying -- actually, the United  
18 States Attorney for the Southern District of New  
19 York in Manhattan is saying that your company  
20 failed to inform the DEA of those suspicious  
21 orders pursuant to 21 CFR Section 1301.

22 Do you see that?

23 A. If you're asking me about this and  
24 about the memo, they're two different dates

1 related here.

2 Q. Okay.

3 A. But I can assure you that we were  
4 reporting thousands of suspicious orders in  
5 March 11th, 2013, where Mr. Mahoney was  
6 attesting that we didn't. And I can assure you,  
7 without any doubt, that we were reporting  
8 thousands of orders.

9 Q. Okay. Well, let's talk about 4222  
10 and all those thousands of orders you reported  
11 and what the US Attorney for the Southern  
12 District of Manhattan found. And if you go down  
13 to numerical Paragraph Number 2, why don't you  
14 read that into the record.

15 MS. WICHT: I'm sorry.

16 Paragraph 2, is that what you said?

17 MR. GRAY: Yes. Numerical  
18 Paragraph 2.

19 A. "Defendant admits, acknowledges,  
20 and accepts responsibility for the following  
21 violations of the regulations promulgated by DEA  
22 pursuant to its authority in the Controlled  
23 Substances Act."

24 Q. Okay. Next paragraph.

1           A.       "Between January 1st, 2011 and  
2    May 14, 2012, Defendant failed to inform DEA  
3    that certain orders for controlled substances it  
4    received from some customers were suspicious, as  
5    required by 21 CFR 1301.74."

6           Q.       Okay. So the government, the  
7    United States Department of Justice from  
8    Manhattan, found that, just like you said over  
9    here in 1941, that you didn't report suspicious  
10   orders.

11          A.       I didn't ever say --

12                   MS. WICHT: Object to the form of  
13                   the question. Mischaracterizes the  
14                   document.

15          A.       You mischaracterize what I said.  
16    I never said that we have failed to report  
17    suspicious --

18          Q.       Well, we'll ask Mr. Mahoney what  
19    you said to him. But what I'm saying is, if you  
20    look at 4222.2, the United States Government  
21    Department of Justice made those allegations  
22    against Cardinal and they admitted it, didn't  
23    they?

24                   MS. WICHT: Object to the form of

1 the question.

2 A. They made -- I believe they made  
3 those allegations. Me personally, I disagree  
4 with those allegations. I believe that we were  
5 reporting suspicious orders as our program was  
6 designed and consistent with the regulatory  
7 requirements.

8 Q. Okay.

9 MS. WICHT: Counsel, I'm sure you  
10 know Mr. Mahoney has already been asked  
11 and has testified that those notes are  
12 wrong, so I just urge you to not ask  
13 misleading questions on the record.

14 MR. GRAY: Strike the testimony of  
15 the lawyer from the record.

16 BY MR. GRAY:

17 Q. What I'm asking you is, during the  
18 period of time that you were the vice president,  
19 okay, this -- senior vice president, January 1,  
20 2011 through May 14, 2012.

21 Do you see that period of time?

22 A. I see that period of time.

23 Q. Your company admitted that they  
24 failed to inform the DEA of certain orders of



1 controlled substances, you understand that,  
2 correct?

3 A. I was not --

4 MS. WICHT: Object to the form of  
5 the question.

6 A. -- a party in the write-up of the  
7 agreement between the Department of Justice and  
8 DEA -- and Cardinal Health, but I can tell you  
9 today, and I have told you throughout the day  
10 today, to the best of my knowledge, we were  
11 complying with the Controlled Substances Act and  
12 we have been reported since the time that I  
13 joined the company in 2009 suspicious orders to  
14 the government. The expectations have changed  
15 over time and we have adapted to the  
16 expectations of the agency.

17 Q. Okay. But the law hasn't changed,  
18 right?

19 A. The law still --

20 MS. WICHT: Object to the form of  
21 the question.

22 A. The law is still the same until --  
23 from, I believe, 1970 -- I don't remember the  
24 exact year, until today.

1 Q. The law stayed the same, but as  
2 you read this document -- I mean, you're still  
3 an employee of Cardinal Health, right?

4 A. I still am an employee of Cardinal  
5 Health, correct.

6 Q. And what's your current position?

7 A. Chief quality and regulatory  
8 affairs officer.

9 Q. So you're chief quality in  
10 regulatory affairs. Is that higher than senior  
11 vice president?

12 A. Similar role, but in a  
13 different -- in a different capacity.

14 Q. The chief's higher up on the  
15 order -- the chain of command than senior vice  
16 president, right?

17 MS. WICHT: Object to the form of  
18 the question.

19 A. I think we have -- I believe we  
20 have the same pay grade, if that's what you  
21 mean.

22 Q. And in that capacity, you  
23 understand this document to mean that Cardinal  
24 Health admitted that they violated the law when

1     they didn't inform the DEA of certain orders of  
2     controlled substances; you understand that?

3                     MS. WICHT: Object to the form of  
4                     the question. Mischaracterizes the  
5                     document.

6             A. Understand what? The language  
7     that is in the document? I see the language  
8     that is in the document. It doesn't mean that I  
9     agree with the language.

10            Q. Okay. And then it goes on to say  
11     your company paid a \$10 million fine for that  
12     problem.

13                     Do you understand that?

14            A. It says in the document that the  
15     Defendant shall pay \$10 million to the United  
16     States.

17            Q. And that \$10 million were for acts  
18     and actions while you were the senior vice  
19     president over regulatory, January 1, 2011  
20     through May 14, 2012, correct?

21            A. According to this document, there  
22     was an agreement made by Cardinal Health and the  
23     Department of Justice and that was the  
24     settlement agreement that they reached.

1 MR. GRAY: Nothing further.

2 VIDEOGRAPHER: Time is now 3:04.

3 Going off the record.

4 MS. WICHT: You wouldn't mind if  
5 we just consult for a minute or two?

6 MR. GRAY: No.

7 (Recess taken.)

8 VIDEOGRAPHER: Time is now 3:12.

9 Back on the record.

10 MS. WICHT: We have no questions.  
11 We will read and sign.

12 And the transcript is highly  
13 confidential under the terms of the  
14 protective order for a period of time  
15 until we make more detailed  
16 designations. Thank you.

17 MR. GRAY: Okay. Thank you.

18 VIDEOGRAPHER: Time is now 3:12.

19 This concludes the deposition.

20 Going off the record.

21 (Signature not waived.)

22 - - -

23 Thereupon, at 3:12 p.m., on Thursday,  
24 December 6, 2018, the deposition was concluded.

1 CERTIFICATE

2 STATE OF OHIO :

SS:

3 COUNTY OF FRANKLIN :

4

5 I, GILBERTO QUINTERO, do hereby certify that

6 I have read the foregoing transcript of my

7 cross-examination given on December 6, 2018; that

8 together with the correction page attached hereto

9 noting changes in form or substance, if any, it is

10 true and correct.

11

12 \_\_\_\_\_  
GILBERTO QUINTERO

13 I do hereby certify that the foregoing

14 transcript of the cross-examination of GILBERTO

15 QUINTERO was submitted to the witness for reading and

16 signing; that after he had stated to the undersigned

17 Notary Public that he had read and examined his

18 cross-examination, he signed the same in my presence

19 on the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

20

21 \_\_\_\_\_

NOTARY PUBLIC - STATE OF OHIO

22 My Commission Expires:

\_\_\_\_\_, \_\_\_\_\_.

23

24

CERTIFICATE

STATE OF OHIO :  
SS:

COUNTY OF DELAWARE :

I, Sara S. Clark, a Registered Merit Reporter and Notary Public in and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named GILBERTO QUINTERO was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth in the cause aforesaid; that the deposition then given by him was by me reduced to stenotype in the presence of said witness; that the foregoing is a true and correct transcript of the deposition so given by him; that the deposition was taken at the time and place in the caption specified and was completed without adjournment; and that I am in no way related to or employed by any attorney or party hereto or financially interested in the action; and I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D) .

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Delaware, Ohio on this 11th day of December 2018.

---

SARA S. CLARK, RMR  
NOTARY PUBLIC - STATE OF OHIO  
My Commission Expires: March 10, 2023.

- - -

1 DEPOSITION ERRATA SHEET

2 I, GILBERTO QUINTERO, have read the transcript  
of my deposition taken on the 6th day of December  
3 2018, or the same has been read to me. I request that  
the following changes be entered upon the record for  
4 the reasons so indicated. I have signed the signature  
page and authorize you to attach the same to the  
5 original transcript.

6 Page Line Correction or Change and Reason:

7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
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24	Date _____	Signature _____	